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PART FIRST.

ART. I.—*Extracts from the Report on Deformities after Fractures, made to the American Medical Association, at its Session at Nashville*, 1857. By FRANK HASTINGS, Hamilton.

RESUME OF ALL THE FRACTURES OF THE SHAFT OF THE FEMUR; I. E., OF ALL THE FRACTURES WHICH I HAVE RECORDED AS OCCURRING BELOW THE NECK AND THE TROCHANTER MAJOR.

The total number was 83, of which 59 were simple, and 24 complicated, either by having been previously broken at the same point, by comminution, by an external wound communicating with the point of fracture, by a fracture of the opposite thigh, or by other complications, more or less grave. The ages of the patients ranged from 1 year to 55, and averaged 17 years. 76 were males, and 7 females. 31 are recorded as having occurred in the right femur, and 29 in the left. Case 39 died in four weeks, and before union had occurred. In case 72, of simple fracture, union did not occur until the thirteenth week, and in case 75, of comminuted fracture, union was delayed five months; in all of the other cases bony union occurred within the usual time. The shortest period at which bony union took place was at eleven days, in a child five years old (case 59). In 4 cases, two of which were adults, bony union had occurred at the end of about three weeks; in nine cases, all of which were under fifteen years of age, bony union had occurred at the end of one month.

In the 15 cases of persons 15 years of age, or under, where the period at which the union seemed to be firm has been noticed, the average was twenty-eight days and a fraction over. In the 9 cases

of persons whose ages exceeded fifteen years, and reached thirty, including case 75, where union was delayed five months, the average period was sixty days and a fraction over: or, if we reject case 75, the average period was fifty days and a fraction over. In the 4 cases whose ages exceeded thirty years, and reached fifty-five, the average period was thirty-five days. (This last estimate, based upon so few cases, and including one case of very extraordinary rapid union, is not supposed to possess any value, yet I have concluded to retain it for the purpose of completing the analysis.)

The average shortening in 56 simple cases, in which the exact result is recorded, rejecting all of those which presented any form of serious complications, is half an inch and $\frac{23}{32}$, or half an inch and a fraction less than one-tenth.

The average shortening in 47 simple cases, in which the exact result is recorded, rejecting not only all of those in which any form of serious complication existed, but also all of those which resulted in no shortening, is three-quarters of an inch and $\frac{1}{47}$.

In 32 simple cases, in which the straight splint, with extension, &c., was used, the average shortening was half an inch and $\frac{1}{32}$, and in the 7 simple fractures, in which the double inclined plane is known to have been used, the average shortening is three-quarters of an inch and $\frac{1}{7}$, or including in the estimate all of the fractures of the femur, both simple and complicated, known to have been treated by the straight splint mainly, the average shortening is half an inch and $\frac{1}{2}$, or a fraction less than three-quarters of an inch; while in all the fractures known to have been treated mainly by the double inclined plane, the average shortening is one inch and a quarter.

With the exception of case 104, in which a shortening of seven inches resulted, in consequence of exfoliation of the bone, the greatest shortening occurred in cases 73 and 99, each of which was shortened three inches. In the first of these cases I only know that "long side splints" were used during the first three months, whether with or without extension, I cannot say. In the second, the double inclined plane, and subsequently plaster of Paris, as a side splint, were employed.

REMARKS.

Whatever may have been the general opinion of experienced surgeons as to the question of shortening in other fractures, very few certainly have ever claimed that in fractures of the femur a

complete restoration of the bone to its original length was generally to be expected. There seems, however, to have existed only certain vague and indefinite notions as to the proportion and amount of this shortening, and which have had for their basis nothing better than a few imperfectly analyzed observations.

Says Scultetus (quoting first from Hippocrates): "For the bones of the thigh, though you do draw them out by force of extension, cannot be held so by any hands; but when the first intension slacks, they will run together again; for here the thick and strong flesh are above binding, and binding cannot keep them down. *Hippocrates de fract.* Which Celsus seems to confirm, *Lib.* 8, *cap.* 10, where he writes as follows of the cure of legs and thighs: 'For we must not be ignorant that if the thigh be broken, that it will be made shorter, because it never returns to its former state.' And Avicenna, *Lib.*4, *Fen.* 5, saith 'that it is a rare thing for the thigh, once broken, to be perfectly cured again.'

"These words admonish us," continues Scultetus, "that we should never promise a perfect cure of the thigh; but rather, using all diligence, we should foretell that it is doubtful that the patient will be always lame; but when this shall happen from the nature of the fracture, or which most frequently falls out, from the impatience of the sick person, it may be imputed to our mistake; and instead of a reward, bring us a disgrace."

Says Chelius: "Fracture of the thigh-bone is always a severe accident, as the broken ends are retained in proper contact with great difficulty. The cure takes place most commonly with deformity and shortening of the limb, especially in oblique fractures, and those which occur in the upper and lower third of the thigh-bone. Compound fractures are so much more difficult to treat."

Maclise, while commenting somewhat indefinitely upon certain plans of treatment, takes occasion to say: "Out of every six fractures of either clavicle or thigh-bone, I believe that as the result of our treatment by the present forms of mechanical contrivances, there would not be found three cases of coaptation of the broken ends of the bone so complete as to do credit to the surgeon."

Says John Bell: "The machine is not yet invented by which a fractured thigh-bone can be perfectly secured." And Benjamin Bell declares that "an effectual method of securing oblique fractures in the bones of the extremities, and especially of the thigh-bone, is perhaps one of the greatest desiderata in modern surgery."

"In all ages," he adds, "the difficulty of this has been confessedly great; and frequent lameness, produced by shortened limbs arising from this cause, evidently shows that we are still deficient in this branch of practice."

Colles observes, that "although three or four methods of treatment are practiced, the pieces at the conclusion are often found overlapped." One reason for which, in his opinion, is a too blind adherence to the principles recommended by Pott.

Velpeau says, that "after fractures of the femur, there is no limping unless the shortening exceeds three-quarters of an inch; and the same is true if the shortening occurs in the tibia. The reason is, that the pelvis inclines toward the shorter limb, and thus compensates for the deficiency in length. In speaking of the various contrivances for dressing the fractured femur, he remarks that most of them fail to obviate the shortening, and produce eschars, anchylosis, or troublesome arrests of the circulation. This is the price that is usually paid for the employment of these complicated machines, and a shortening of a quarter to three-quarters of an inch is not avoided after all. The simplest apparatus that will maintain the adjustment of the fractured femur, so that union may take place with shortening of only half an inch, is the best."

Nélaton holds the following language:

"A fracture of the body of the femur, with an adult, is always a grave accident, inasmuch as it demands so long a confinement to the bed, and especially on account of the shortening of the limb, which it is almost impossible wholly to prevent: accordingly, Boyer recommends to the surgeon, from the first day, to announce to the parents of the patient the possibility of this accident. With infants, on the contrary, it is almost always easy to avoid the shortening."

While Malgaigne declares his opinion on this subject thus, at length:

"When we do not succeed in drawing back the displaced fragments, end to end, so that they may oppose themselves to the action of the muscles, it is impossible to preserve to the member its normal length, whatever may be the appareil or method employed. Surgeons are not sufficiently agreed upon that question.

"Hippocrates gives us to understand, that we can always correct the shortening; Celsus, falling into the opposite error, declared, that a broken thigh always remains shorter than the other. At a

period quite recent, Desault pretended to cure all fractures without shortening, and his journal contains several examples. In imitation of Desault, various practitioners have modified, corrected, and improved the apparatus for permanent extension, and they claim to have themselves obtained as complete success. I ought then to declare here, in the most positive manner, that I have never obtained like results, either in the use of my own apparatus, or with that of others, nor indeed where, in pursuance of my invitation, several inventors have applied their apparatus in my wards. I have examined, more than once, persons declared cured without shortening, and yet, upon measurement, the shortening was always manifest. The misfortune of all those who believe that they have obtained those miraculous cures, is that they have not even thought of instituting a comparative measurement of the two limbs; I will say, even more, that they are most generally ignorant of the conditions of a good and faithful measurement. Sometimes, also, they have been deceived in another way; in falling upon fractures which were not displaced, especially with young persons, and they have believed that they have cured with their apparatus a shortening which had never existed. In short, when the fragments are not displaced, or even when they are brought again into a contact maintained by their reciprocal denticulations, it is easy to cure the fracture of the femur without shortening; aside of those two conditions, the thing is simply impossible.

"Several distinguished surgeons of our day have acknowledged this impossibility, and have renounced, in consequence, permanent extension. They allege, moreover, that an overriding of even three centimeters is of little importance, and occasions no limping. I cannot agree with this opinion. I have seen persons walk very well with a shortening of one centimeter; beyond this limit, either they limp, or they have lifted the heel of the shoe, or, in short, the limping is only concealed by a lateral deviation of the spine. We thus are made to comprehend how a fracture with overlapping is always serious, and how cautious we ought to be in our prognosis."

That the foregoing remarks are intended by the author to be equally applicable to other fractures of the shaft of the femur, than to those of the middle third, is made evident by what he has said before, when speaking of fractures of the upper third.

"The prognosis is sufficiently favorable when the fragments are

denticulated (engrenées); when they ride, on the contrary, we must look for a shortening as almost inevitable." P. 718.

In our own country several of the most distinguished surgeons have testified to the constant difficulty, if not impossibility, of curing fractures of this bone without a shortening. In a suit instituted against a surgeon of New York city, for alleged malpractice, in the treatment of an oblique, comminuted, and otherwise complicated fracture of the femur near its condyles, "Dr. Mott testified that more or less shortening of the limb is uniformly the result after fractured thigh, even in the most favorable circumstances."

In a very interesting communication made to the author of this report, by Jonathan Knight, of New Haven, late President of this Association, occurs the following passage:

"I have seen but few fractures of the femur in the adult, unless of the most simple kind, in which there was not some remaining deformity; often slight, so as not to impair the usefulness of the limb, and in others considerable, and apparently unavoidable." Dr. Knight adds, however, "In the greater proportion of the fractures in children, the recovery has been so nearly perfect that no marked deformity or lameness has followed."

Says Dr. Gibson: "Had the surgeon no other difficulties to encounter, than such as present themselves after simple transverse fracture of the shaft of the thigh-bone, he would have little reason to complain of the defectiveness of art, or of the power of nature in promoting a cure. So different, however, from this is the result of an oblique fracture of the body of the bone, or of a transverse fracture of its neck, that it is hardly possible in any case to calculate with certainty upon reünion without more or less shortening and deformity of the limb."

Dr. Detmold, in his remarks made before the New York Academy of Medicine, at its meeting in March, 1855, declared his belief that a shortening of the femur always occurs after fracture, and that "but one inch of shortening in an average of twenty cases is a good result."

Dr. J. Mason Warren, of Boston, writes to me as follows: As you are making observations on fractures, I would state that, after a long and very careful observation, I have never yet seen, either in Boston or elsewhere, an oblique fracture of the thigh, in a patient over seventeen years of age, in which there was not some shorten-

ing. I have had cases shown to me, in which it was averred that the limb was not shortened, but on measuring myself I have found the fact otherwise. In children, I believe that union without shortening may be accomplished."

The following remarks, found in a very valuable paper, communicated by Frederick Lente, House Surgeon to the New York Hospital, to the September No., 1851, of the *New York Journal of Medicine*, are so pertinent, that I shall make no apology for their length.

"In speaking of shortening in fractures of the thigh, I am aware that it is treading on somewhat delicate ground; for it is quite common for surgeons in private practice, and for surgeons of some eminence, too, and even for surgeons attached to some hospitals to say that, as a general result, they get union of the femur *without any shortening;* and to accuse those who have taken the trouble to ascertain the amount of shortening in their cases, and who have had the candor to admit it, of carelessness or want of skill.

"From the opportunity I have enjoyed of examining numerous cases of this fracture, and in conversing with surgeons attached to this and other hospitals on the subject, I am prepared to coincide entirely with the opinion of Malgaigne, who says, in his *Traité des Fractures*, so often referred to in this paper, 'The misfortune of those who have thought that they have obtained these perfect cures, is, that they have not even thought of measuring the comparative length of the two limbs; I say, moreover, that they are often ignorant of the conditions of a good and faithful measurement.'

"There are fractures of the femur, however, as Malaigne admits, which may be cured without shortening, but, in almost all of these, the fragments are so interlocked (maintenu par leurs denteleures réciproques) that there was no shortening from the first, which could only have been ascertained by measurement. One means which surgeons have adopted to determine as to the existence or non-existence of shortening, is to observe, when the cure has been fully completed, whether there is a perceptible limp in the gait; if not, they persuade themselves that there is no shortening. But the fallacy of this test (though sufficient for all practical purposes) is obvious, when it is known that in nine cases out of ten there will be no limp, though the shortening by measurement amounts to one-half or three-quarters of an inch; and I have seen patients walk some

months after the cure of a fractured thigh, without any perceptible limp, with an inch and even more of shortening, and without the aid of a thick-soled or high-heeled shoe. This I have assured myself of by actual observation and measurement, and so have many of the other surgeons who have been and still are connected with the hospital. We see the same result sometimes after compound fractures of the leg, when a portion of the whole caliber of the bones has been removed.

"A shortening, however, which will give rise to a perceptible limp in one person, will not be observed to affect the gait of another in any degree. It is probable that the pelvis adapts itself in some degree to the altered length of the limb, when it is considerable. Many surgeons think it only necessary to place the limbs side by side, and thus compare their relative length, to determine whether there be any shortening; indeed this has been almost the universal practice, and yet this mode is as fallacious as the other, for when the two limbs are apparently most accurately adjusted side by side in a line with the trunk, the shortened limb, from some cause or other, very frequently appears the longer, and the relative length of one may be made to vary at least an inch in appearance by an inappreciable change in its position with respect to the trunk. I am confident that an inch and a quarter of shortening might be, in many cases, overlooked in an examination conducted in this manner, so that no surgeon is prepared to say that his cases have recovered without shortening, until he has carefully measured the two limbs; and this measurement requires considerable tact and practice. The points we select are the anterior superior spine of the ilium and the inner malleolus, taking care to have the patient properly arranged on a hard mattrass; when these points are tolerably prominent, as we usually find them, the measurement can be accurately made out; perhaps the variation of an eighth of an inch might take place. When these points are less prominent, as they are apt to be in fat persons and in females, the probable variations will, perhaps, amount to one-fourth of an inch. We do not trust to one measurement, but to the comparative results of two or three.

"Having premised these observations, which we have felt compelled to make at some length, in order to clear the surgeons attached to the New York Hospital of any imputation of neglect, or want of skill in treatment of fractures, when we say that our average shortening in fracture of the femur has been three-quarters of

an inch; and that while we do, now and then, get a cure without shortening, especially in children, the difference in length is sometimes an inch or more, even with the most attentive care."

Dr. Lente believes, however, that with the improved mode of extension, by adhesive plaster, then but recently adopted in the hospital, much better cures will be made; and indeed, such had already been the experience of the surgeons of that institution, and he is disposed to regard it as one of the most valuable improvements in surgery which have been suggested for many years.

It is not to be denied, however, that a few surgeons in all parts of the world have claimed, and still continue to claim, in their own practice, or from the adoption of their own peculiar plans of treatment, much better success. Indeed, some of them do not hesitate to affirm that, as a general rule, any degree of shortening is quite unnecessary.

Mr. Amesbury declares, that when the fracture is in the "middle or lower third," under a "judiciously managed" application of his own splint, "consolidation of the bone takes place without the occurrence of shortening of the limb, or any other deformity deserving of particular notice."

Mr. South, in a note commenting upon an opposite sentiment expressed by Chelius, and already quoted, remarks: "In simple fractures of the thigh-bone, except with great obliquity, I have rarely found difficulty in retaining broken ends in place, and in effecting the union without deformity, and with very little, and sometimes without any shortening. For the contrary results the medical attendant is mostly to be blamed, as they are usually consequent upon his carelessness or ignorance."

Mr. Hunt, of the Queen's Hospital, at Birmingham, who treats all fractures with the *apparatus immobile* of Suetin, has published the results of his observations; and of the simple fractures of the femur only one presented, after the cure, any degree of shortening; and he adds, that all other fractures which he has treated by this method were followed by equally good results." In relation to which statements, Mr. Gamgee exclaims: "This is conservative surgery. What other mode of treatment would have given such results? And those cases are not exceptional. Mr. Hunt tells us he has selected them from amongst many others equally successful. They accord with the experience recorded in my little treatise on this subject; and the works of Suetin, Burggræve, Crocq, Velpeau, and

Salvagnoli Marchetti, record numerous cases no less remarkable and demonstratively conclusive."

Desault, also, according to the passage from Malgaigne, which I have already quoted, "pretended to cure all fractures without shortening." I do not find, however, any other authority for this statement, as here made; neither in his *Treatise on Fractures and Luxations*, edited by Bichat, nor elsewhere. Bichat even says positively, that "Desault himself did not always prevent the shortening of the limb." He declares, however, that "Desault has cured, at the Hôtel-Dieu, a vast number of fractures of the os femoris, without the least remaining deformity."

Dr. Dorsey, of Philadelphia, who employed the apparatus of Desault as modified by Physic and Hutchinson, was equally successful.

Dr. Scott, of Montreal, Prof. of Clinical Surgery in the McGill College, and Physician to the Montreal General Hospital, has reported 19 cases of fractures of the long bones, taken promiscuously and without selection, from his hospital service, of which 3 belonged to the clavicle, 7 to the femur, 8 to the tibia and fibula, and 1 to the condyles of the humerus. All of which recovered without any degree of shortening or deformity; except the case of fracture of the condyles of the humerus, which occasioned death.

This is not, however, quite so remarkable as the success which has attended the practice of Dr. Carnochan, of the Emigrants' Hospital, New York, under whose care, during the year ending in September, 1853, every fracture of a long bone, 49 in number, was made to unite without any measure or quality of deformity. Such, at least, is the statement of the four house surgeons. It is true that the statistical enumeration contains no cases of fractures of the femur, yet no one who reads the report could doubt, but that if such cases had occured, the results would not have been at all different.

It is never a pleasant duty to call in question the accuracy of another's statements as to what he has himself alone seen and experienced. The circumstances which would justify such an expression of scepticism, where the witnesses, as in this case, are presumed to be intelligent and honest men, must be extraordinary. Such, however, I conceive to be the circumstances in this instance. It is certainly very extraordinary that a few getlemen of acknowledged skill, but whose means and appliances are concealed from no

one, are able to do what nearly the whole world besides, with the same means, acknowledges itself unable to accomplish. Such is the fact nevertheless: and our lack of faith in their testimony is only a necessary result of our experience and of the experience of a vast majority of practical surgeons, as opposed to theirs.

I might properly enough dismiss this subject with no further argument than may be found in the overwhelming testimony of practical surgeons, that broken femurs do, in their experience, rarely unite without more or less shortening; but I cannot avoid calling attention to the evidence of the falsity of the opposite opinion, which is furnished by the testimony of the very persons who themselves claim to have obtained such fortunate results.

It is not, as might have been supposed, one particular form of dressing, which in itself peculiar and more perfect than all others, has furnished these results. On the contrary, the plans of treatment have been constantly unlike, and sometimes quite opposite. Thus: Desault used a straight splint, with extension and counter-extension, and he refused to adopt the flexed position recommended by Pott, because his experience and the experience of other French surgeons, had taught them its inutility. Adopting the straight position, he made perfect limbs; with the flexed position, he found it impossible to do so. Dorsey used the splint of Desault, as modified by Physic and Huchinson.

South, whose success seems to have been equal to that of Desault or Dorsey, adopts also the straight position; but he employs no means for making permanent extension, except what may be accomplished through the medium of four long side splints, applied after "gentle" extension has been made by the assistants.

Mr. Amesbury, on the other hand, made perfect limbs only with his own double inclined plane; and, speaking in general of the various plans hitherto contrived, not excepting that invented by Desault, or the method practiced by South, which had already been recommended by several surgeons, he declares that "they are seldom able to prevent the riding of the bone, and preserve the natural figure of the limb. Indeed, so commonly does retraction of the limb occur under the use of the different contrivances usually employed, that I have heard a celebrated lecturer (now retired) in this town, publicly assert, that he never saw a fractured thigh-bone that had united without riding of the fractured ends!" And, in his "*General Inferences,*" he uses the following emphatic

language: "The contrivances which are commonly used in the treatment of these fractures, do not sufficiently resist the operation of the forces above mentioned, but suffer their influence to be exerted upon the bone, in all cases more or less injuriously, and at the same time often assist in *producing* dipslacement of the fractured ends; so that deformity, differing in kind and degree in different cases, is almost the constant result of fractures of the femur treated by these means.

While Mr. Gamgee, a writer of much talent and industry, thus broadly contradicts the statements of Desault, South, Dorsey, and Amesbury, and administers a severe rebuke even upon the illustrious Liston. "Pott's plan, the long splint M'Intyre, and their modifications, as a rule, entail sensible deformity, which in many cases is very considerable. It is a significant fact, that, though the example established in University College Hospital, by the late Mr. Liston, of treating fractures of the thigh by the long splint, and of the leg by the modified M'Intyre, which are admitted equal, if not superior, to other splints, was rigidly followed in that institution, the patients admitted with broken thighs or legs were frequently discharged with manifest deformity."

With how much force his own remarks as to the experience of the University College Hospital will apply to the starched bandages used by himself, you, gentlemen, will determine when referred to the opinion of Velpeau, already quoted, who claims no result better than an average shortening of half an inch. It is true, however, that M. Velpeau prefers and advocates the starched bandage, but it is not true that he claims to be able to prevent a shortening of the bone.

"What other modes of treatment would have given such results?" This question, propounded, no doubt honestly, by Mr. Gamgee, has here its fair and satisfactory answer. Almost any of the various modes named; for if we must receive his testimony, we are equally bound to receive the testimony of Desault, South, Dorsey, Amesbury, Scott and Carnochan. If we give credit to Mr. Gamgee, so far as to doubt the statements of these latter, as to the degree of success claimed by them, by the same rule we must doubt his own statements, also, as to the degree of success claimed by himself. This I say with all sincerity and kindness, fully believing that these gentlemen are mistaken, and not that they intentionally misrepresent the facts.

In conclusion, I wish to say briefly, that in view of all the testimony which is now before me, I am convinced—

First. That in the case of an oblique fracture of the shaft of the femur occurring in an adult, whose muscles are not paralyzed, but offer the ordinary resistance to extension and counter-extension, and where the ends of the broken bone have once been completely displaced, no means have yet been devised by which an overlapping and consequent shortening of the bone can be prevented.

Second. That in a similar fracture occurring in children, or in persons under fifteen years of age, the bone may sometimes be made to unite with so little shortening that it cannot be detected by measurement; but whether in such cases there is in fact no shortening, since with children especially it is exceedingly difficult to measure very accurately, I cannot say.

Third. That in tranverse fractures, or oblique and denticulated, occurring in adults, and in which the broken fragments have become completely displaced, it will generally be found equally impossible to prevent shortening; because it will be found to be generally impossible to bring the broken ends again in such apposition as that they will rest upon and support each other.

Fourth. That in all fractures, whether occurring in adults or in children, where the fragments have never been completely or at all displaced, constituting only a very small proportion of the whole number of these fractures, a union without shortening may always be expected.

Fifth. That when, in consequence of displacement, an overlapping occurs, the average shortening in simple fractures, where the best appliances and the utmost skill have been employed, is between one-half and three-quarters of an inch.

Regarding the middle of the shaft of the femur as the type of all of the fractures of the femur, in respect of prognosis, and measurably in respect of treatment, and understanding the remarks which have already been made as especially applicable to lesions at or near this point, it will be easy to make a proper application of these conclusions to other fractures occurring through the different portions of this bone.

If we consider the muscles alone as the cause of the displacement in the direction of the long axis of the shaft, the shortening of the limb, other things being equal, must be proportioned to the number and power of the muscles which draw upward the lower fragment.

This will vary in different portions of the limb, but no where will this cause cease to operate, nor will its variations essentially change the prognosis.

I have not intended to say that other causes do not operate occasionally in the production of shortening, but only that muscular contraction is the cause by which this result is chiefly determined, and that its power will be ordinarily the measure of the shortening.

The following propositions relative to fractures of the neck of the femur, I believe to be substantially correct; and I shall take the liberty of stating them dogmatically, waiving, for the present, the evidences upon which they seem to me to rest.

First. Fracture of the cervix femoris within the capsule, when incomplete, or when the fibrous and synovial capsules are not torn—in short, whenever from any cause the fragments do not separate—may unite either through the medium of fibrous structure, or of bone.

Second. When, however, the fragments have been once completely, or in any considerable degree separated, it is probable that union always occurs through the medium of fibrous structure alone, or that no union takes place.

Third. When the fracture is extra-capsular, impaction of the fragments is the rule, and not, as in intra-capsular fractures, the exception.

Fourth. In extra-capsular fractures the impaction, when it occurs, is more complete than in the case of intra-capsular fractures.

Fifth. When shortening follows as a consequence of displacement, in the case of intra-capsular fractures, it is not always immediate, but may be delayed several days, and then take place either suddenly or gradually.

Sixth. On the contrary, in extra-capsular fractures a manifest shortening almost always takes place immediately, and seldom does the limb shorten subsequently.

Seventh. Examined on the first day after the occurrence of the fracture, intra-capsular fractures, as compared with extra-capsular, will probably show the smallest average of shortening.

Eighth. Examined after the complete recovery, or after the lapse of several years, the reverse of the seventh proposition will be found true,

It is not my intention to speak with more particularity than I have already done, of the form and directions of the deviations which

occur with some regularity at the different points of fracture. I will only say that there is much reason to believe that the efficiency of the muscles inserted into the trochantor minor, in producing a forward displacement of the upper fragment, when the fracture is just below this point, has been by some surgeons greatly over-estimated: and a similar remark will apply, only perhaps with less force, to a fracture just above the condyles, where the direction of the fracture is obliquely downward and forward.

I may very properly, however, call attention in this place to the unusual direction of the fracture, and character of the displacement, in case 105, p. 286—the direction of the fracture being from above downward, and from before backward, a circumstance which, as occurring at this point, just above the condyles, is probably very rare. The pressure of the lower end of the upper fragment upon the popliteal artery so far arrested the circulation in the lower portion of the limb as eventually to produce a sloughing of a considerable portion of the foot: the death of the foot being preceded by extreme pallor, shrinking, and coldness of the toes.

Sir Astley Cooper does not seem to have recognized this form of fracture and displacement. Amesbury has, however, recorded one case, which came under his own observation, where although the bloodvessels and nerves escaped, the bone projected through the skin in the ham, and finally exfoliated. And he thinks the point of bone may sometimes so penetrate the artery, and injure the nerves as to render amputation necessary, in order to save the life of the patient.

M. Coural also has related a case in which an epiphysary disjunction, occurring in a child twelve years old, was attended with a displacement of the upper fragment backward, and amputation became necessary.

I know of no other cases of this rare accident which have been reported. Lonsdale refers to it as "the rarest direction for a fracture to take;" and thinks that in case of its occurrence, the vessels in the popliteal space will stand a chance of being wounded; but he mentions no example. I have seen, however, in the valuable collection of bones belonging to Dr. March, of Albany, an oblique fracture of the femur just above the condyles, in which the upper fragment is behind the lower. It is united by bone, and with a shortening of two and a half or three inches.

The popliteal artery hugs the bone so closely at this point, that a

displacement of the upper fragment in a direction downward, and backward, must always greatly endanger its integrity. Indeed, it is here that the artery and vein are in the closest contact with each other, and with the bone: an anatomical fact, which has been used by Richerand and others to explain the greater frequency of aneurisms in the ham.

Especial notice ought also to be taken of the unusual case reported by Dr. Alph B. Crosby, of Hanover, N. H., of a fracture of the external condyle of the femur, the small fragment having been successfully removed by Dr. Crosby, after the lapse of six months. The case is reported at length in the *New Hampshire Med. Journal*, for 1857. I have at this moment the specimen in my possession, it having been sent to me by Dr. Crosby, for examination, and there can be no doubt that the opinion of this distinguished surgeon, as to the character of the fracture, is correct.

The reported cases of fracture of one of the condyles of the femur are not numerous. Sir Astley Cooper and Bransby Cooper have each mentioned one case; Boyer has reported one case; Malgaigne has seen three, and there are three specimens in the Dupuytren museum. One case also is reported in the 15th vol. of *Braithwaite's Retrospect*, p. 149.

Dr. Wells, of South Carolina, has reported a case of dislocation of the knee, accompanied with a fracture of the inner condyle. The patient died on the second day. An examination after death showed "that a thick scale of bone was fractured from the inner part of the inner condyle, and remained attached to the ligament." And Dr. Kirkbride has reported a case of fracture of the external condyle, which was presented at the Pennsylvania Hospital, and which resulted in a very perfect cure.

Note.—I have seen no case of a fracture through, or between the two condyles, extending into the joint, except a single specimen contained in the museum of the University of Pennsylvania.

Nor has it ever occurred to me to meet with an epiphyseal disjunction, occurring as the direct result of violence, either at the upper or lower end of the femur. South had a case of this kind, where the separation occurred through the neck, in a boy ten years old. Dr. Post, of New York, related to the members of the Kappa Lambda Society, in March, 1840, a similar case which had recently come under his observation, in a girl sixteen years old. The limb remained permanently shortened. At a meeting of the New York

Pathological Society, held in October, 1855, Dr. Markoe presented a specimen, taken from a girl nine years of age, in which the neck was broken, or separated just external to the capsule, and exactly in the line of the epiphyseal junction. The trochanter was also fissured, showing that the lesion had partaken a little of the character of an impacted fracture; and Dr. Parker called attention, in his clinic at the College of Physicians and Surgeons, to what he believed to have been a similar accident in a girl eighteen years old. It had resulted in suppuration, and permanent shortening of the limb.

TREATMENT.

In pursuance of the plan which has been hitherto observed, in the several sections of my report, I shall devote a few pages to the consideration of the *treatment* of fractures of the femur.

We have no space for a full discussion of the various plans which have been devised and practiced by skillful surgeons for the treatment of these fractures. Nor, indeed, is there room for their mere enumeration: and I shall content myself with only a brief consideration of the question of *posture*, as that alone upon which surgeons have at any time greatly differed, and in relation to which, debate is not yet altogether at an end.

All of the early surgeons, so far as we know, adopted the straight position in the treatment of fractures of this bone: either with simple lateral splints, or with long splints, with or without extension, or with only rollers and compresses, or with extension alone.

Such were the unanimous opinions and practice of surgeons, until about the middle of the last century; at which time Percival Pott wrote his remarkable treatise on fractures, distinguished alike for the originality and boldness of its sentiments, and which was destined soon to revolutionize the old notions, as to the treatment of fractures, and to establish in their stead, at least for a time, what has been called not inappropriately, the "physiological doctrine." The peculiarity of which doctrine consisted in its assumption, that the resistance of those muscles which tend to produce shortening can generally be sufficiently overcome by posture, without the aid of extension, and that for this purpose, for example, in the case of a broken femur, it was only necessary to flex the leg upon the thigh, and the thigh upon the body; laying the limb afterward quietly on its outside upon the bed.

Very few surgeons, even of his own day, ever gave in their full adhesion to the exclusive physiological system as taught and practiced by Pott himself, but multitudes, especially among the English, adopted in general his views; only choosing to place the patients upon their backs rather than upon their sides, and laying the limbs flexed over a double inclined plane. To the support of this system of Pott's, thus modified, Sir Astley Cooper, C. Bell, John Bell, Earle, White, Sharp, and Amesbury, lent the influence of their great names, and its triumph, so far as the judgment of the British surgeons was concerned, soon became complete.

In France, and upon the Continent generally, the reception of this system, was more slow and reluctant; but Dupuytren, now for once, taking ground with his great rival, Sir Astley, adopted almost without qualification, these novel views. The decision of Dupuytren determined the opinions of a large portion of the continental surgeons, and had it not been for the early and decisive opposition of Desault and Boyer, the great surgeon of St. Bartholomew might have continued for a long time to have enjoyed a triumph upon the Continent, perhaps throughout the world, equal to what had already been decreed to him in Great Britain.

On this side of the Atlantic, the practice of Pott, at least in so far as it applied to the treatment of fractures of the thigh, never gained a distinguished advocate; and but few ever adopted the practice, as modified by White, Amesbury, Bell, A. Cooper, &c.

But whatever may have been the early success of these doctrines, either here or elsewhere, it is certain that a strong reaction has taken place, and that gradually, in all parts of the world, the opinions of practical surgeons have been settling back into their old channel. It would be difficult to find to-day, in France, a dozen distinguished surgeons who adopt the flexed position in the treatment of fractures of the femur. And in England, the reaction is, if possible, even more complete.

In my tour of 1844, during which I visited very many of the hospitals of Great Britain, and upon the continent of Europe, I do not remember to have seen the flexed position once employed in the treatment of a broken thigh; and I shall presently show that the straight position is at the present moment very generally adopted by the best American surgeons.

There have been, then, three grand epochs in the history of the treatment of fractures of the thigh.

First. That in which the straight position was universally adopted; and which reaches from the earliest periods to the period of the writings of Pott, or to about the middle of the last century.

Second. The epoch of the flexed position; which, inaugurated by Pott, had already begun to decline at the beginning of the present century, and which may be said to have been completed within less than one hundred years from the date of its first announcement.

Third. The epoch of the restoration, or that in which surgeons, by the vote of an overwhelming majority, have declared again in favor of the straight position. This is the epoch of our own day.

The opinions of most of the distinguished foreign surgeons upon this question, as upon nearly all other questions relating to our science, thanks to the abundance of our foreign medical literature, are sufficiently well known; while the opinions of my own countrymen, which are often, it will not be denied, entitled to as much respect as those of our trans-atlantic neighbors, but the medical literature of whose country occupies an humbler rank in the estimation of the world, are but little known even to ourselves. I deem it my duty, therefore, as far as I am able, to mention especially the views and practice of American surgeons.

"Many years since, I introduced into the New York Hospital Boyer's long splint, and continued to use it there, and in private practice, for a long time. I found, however, in many cases, that I had more or less trouble at the foot and groin from the points of extension and counter-extension. I then gradually laid it aside, and for some years have again taken up the double inclined plane.

"From the abundance which I have seen, I am free to say that if I had my own femur broken, I would be treated upon the double inclined plane.

"The Drs. Burges, Brothers, Court St., Brooklyn, Long Island, have made an improvement upon the extended principle. Their apparatus is now complete, and is in use at the Bellevue Hospital, where I advised, some time since, that it should be tried. It has succeeded admirably in two cases."—Valentine Mott. *Private Correspondence.*

"For the treatment of fractures of the thigh-bone below the neck, I have always used the double inclined plane, as advised by Sir Charles Bell. Fractures of the leg I have treated in both modes, and with about equal success as to the ultimate result. But in

these, also, as a general rule, I use the double inclined plane on the plan of Amesbury."—JAMES MCNAUGHTON, *Albany. Private Correspondence.*

"I treat all thighs, fractured in their middle part, by the long splint, and in the straight position. In fractures occurring at either end of the bone, I resort at first to the angular splint and the flexed position, and thus place the muscles more at rest; in which position, also, there is less tendency to angular displacement and shortening. After the lapse of a few days, when the disturbed muscles have lost their tendency to spasm, and the hardened cellular tissue about the fracture has formed a sort of bond between the ends of the broken bone, I gently bring the limb down to the straight position, and apply the long splint."—JOSEPH PANCOAST. *Private Correspondence.*

"I am in the habit of treating fractures of the thigh-bone, except in the vicinity of the articulations, in the extended position. I make counter-extension by means of a perineal band attached to the upper extremity of a long splint, extending nearly to the axilla; and extension by means of lateral strips of adhesive plaster secured to the lower end of the long splint. I treat fractures of the os femoris in the neighborhood of the hip and knee-joints in a semi-flexed position, in order to diminish the displacement resulting from muscular contraction.

"In the treatment of fractures in general, I have long since abandoned the method which I had been taught to regard as the correct one, viz., to defer the accurate adjustment of the fracture, and the application of splints and bandages, until after the subsidence of the inflammation following the injury. I am now in the habit of replacing the fragments as accurately as possible when I am first called to the patient, and of applying a suitable apparatus to maintain apposition; and every year's experience convinces me more fully, that this course not only secures a more favorable result, but adds greatly to the comfort of the patient. I need not say that in applying bandages to a recently fractured limb, caution is required not to strangulate the circulation.

"In one respect, my practice in the treatment of fractures deviates from that which is pursued by the majority of practitioners. I am in the habit of removing the dressing every day or two, and applying passive motion to the joints in the vicinity, to guard against the rigidity which otherwise becomes so troublesome a symptom. I

do not, however, pursue this course in the treatment of fractures of the thigh, on account of the liability to displacement of the fragments."—ALFRED C. POST, *of New York. Private Correspondence.*

"In fractures of the shaft of the femur, immediately below the trochanter minor, I have always dressed the limb with the double inclined plane; elevating the knee decidedly, and padding beneath the ham, if necessary, in a manner to effect moderate extension by the weight of the trunk. In a *transverse* fracture, also, of the middle of the shaft, with a good deal of pains-taking, I succeeded satisfactorily with an Amesbury's splint.

"In all other fractures of the shaft, constituting, at least, nine-tenths of the whole, I regard the straight position of the member as indispensable to success."—JOHN DE LAMATER, *Cleveland, Ohio. Private Correspondence.*

"My usual, but not exclusive method of treating fractures of the os femoris, is by some mode of extension in the straight position. My preceptor, Warren, secundus, rarely employed any other method, and my impressions—too indefinite and inexact for your present purpose—are that he brought most of his cures out with but little deformity or shortening. As to the results of my own practice in this particular instance, as well as in the whole section of surgery to which it belongs, although my patients have generally recovered with useful limbs, yet such a retrospect as I am able to make, favors the same conclusions as those to which your record of a very large and diversified experience is calculated to bring us, respecting the imperfect state of this department of our art.

"Of late years, I have generally employed Liston's single long splint; having it thickly padded, and then applying a roller from the foot to the hip, in such a manner as to secure the limb firmly to the splint. This is about the only case in which I now wrap a fractured limb with a roller." * * * * * *

"I have repeatedly used, and with much satisfaction, in the fractures to which you refer, extension by means of the pulley, having the coöperation only of short lateral splints at the place of the fracture. With a mattrass slightly inclined toward the head, and moderate, but persistent traction made on the injured limb by a weight made fast to the foot by means of a cord passing over a pulley—the pulley being secured to the foot-board. I have conducted some tolerably oblique fractures to a satisfactory termination, and with much more comfort to the patients than attends any other

equally effectual method of extension."—JOSHUA B. FLINT, *Louisville, Ky. Private Correspondence.*

"In the treatment of fractures of the femur, I employ neither the straight nor the flexed position exclusively, but the one or the other, according to the site of fracture. If the fracture involves either the upper (below the trochanter minor), or the lower third (above the condyles) of the femur, I make use of the double inclined plane of Sir Charles Bell. If, on the other hand, the seat of fracture be in the middle third of the thigh, I greatly prefer the straight, long splint of Mr. Liston.

"My reasons are briefly the following: In fractures below the trochanter minor, the upper fragment is tilted forward and upward, by the unrestrained action of the psoas muscle, so that no extension in the straight direction will avail to draw down the upper in a line with the lower portion of the lever.

"The same thing results in fractures of the lower third, but in opposite directions. Here the heel becomes the fixed point, and gastrocnemii draw the lower fragment backward and downward, whilst the upper fragment projects in front. Rectilinear extension can no more correct the malposition of the lower fragment in this case, than it can in the former that of the upper. But in both (upper and lower third fractures), by placing the limb over a double inclined plane, these otherwise insuperable deviations of the fragments are prevented, and the whole bone is brought into proper line.

"When, on the contrary, the fracture implicates the middle third or even the middle half of the femur, I invariably employ the straight splint, which I regard as by far the simplest, most effectual, and best means of treatment: and, indeed, but for the reasons assigned, I should only be too glad to use it exclusively in the management of all fractures of the thigh.

"My cabinet presents several specimens of broken femurs, which illustrate the soundness of these views: in which the abnormal direction of the fragments alluded to as occurring in fractures of the upper and lower thirds, is very marked; the deformities having resulted from treatment in the straight position. So far as function and symmetry are concerned, the lower deformity is altogether the most serious. The unseemly projection above the knee, the unnatural exposure in front of the articular surfaces of the condyles,

which are not set bluffly on those of the tibia, together with the altered site of the patella, and the diminished power of the quadriceps muscle, both weaken and deform the joint.

"With regard to the management of fractures below the trochanter minor, or at other points of the femur, by means of the double inclined plane, I am well aware of the difficulty of properly confining the pelvis, but this objection I am far from considering as insuperable. So, too, the outward tendency of the upper fragment, caused by the gluteus, may be humored by carrying the limb off at an oblique angle to the axis of the body.

"It is, perhaps, needless to add, that in fractures of the condyles, of the inter-trochanteric portion, as well as of the neck of the femur (when osseous union is attempted), whether within or without the capsule, I likewise give preference to the straight position.

"I will here also incidentally state that I have found much satisfaction in the treatment of fractures of the leg (tibia and fibula), by the long splint in unruly patients, and those suffering the complication of delirium tremens. The apparatus is applied as in fractures of the thigh, more attention of course being paid to the adjustment of the leg."—Charles A. Pope, *St. Louis, Mo. Private Correspondence.*

"In the early part of my practice, following the advice of Dr. Physick, I treated all cases of fracture of the thigh with the long straight splint of Desault; afterward, adopting the practice of Dr. Nathan Smith, I treated many cases by placing them in the flexed position, upon some form of the double inclined plane.

"For many years past, I have selected one or the other of these methods, according to the age of the patient, and the form and position of the fracture.

"In the fractures of the thigh in children, which are commonly near the middle of the bone, and less oblique than in the adult, and in whom the muscles are less active in shortening the limb, I have usually preferred the flexed position, depending very much upon frequent examination and readjustment of the parts, as well as the dressings, when necessary, for preserving the bones in their place. In fractures of the neck of the bone, or through the trochanters, I have used exclusively the long splint, as no other method can be relied upon for preserving the lengh of the limb.

"Oblique fractures near the middle of the bone, in the adult,

have been usually treated in the same way. The practical difficulty in the use of the long splint is the pain and subsequent inflammation produced upon the parts to which extension and counter-extension are applied. Of late, much of this has been avoided by making extension with adhesive straps, as recommended by Dr. Josiah Crosby, of New Hampshire.

"In fractures of the upper part of the shaft of the bone, the lower end of the upper fragment is so much tilted forward by the flexor muscles of the thigh, that it is difficult, perhaps impossible, with the limb in the straight position, to bring or retain the two portions of the bone in a line with each other. For this reason, I treat fractures of this kind in the flexed position.

"So, also, in fractures of the lower end of the bone just above the trochanter, I prefer the flexed position. These fractures, so far as I have observed them, have usually been oblique from before, upward and backward, with the lower fragment rolled forward by the gastrocnemii muscles. The displacement is readily remedied in the flexed position, and as the fractured surfaces are large, there is little tendency to shortening of the limb. The cases of this kind which I have seen, have recovered quite as perfectly as any other fractures of the thigh.

"In fractures of the neck of the bone, either partially or entirely, within the capsular ligament, so common in persons advanced in life, I have rarely employed any firm dressings with the view of preserving the length of the limb. The prospect of any resulting benefit from their use is so slight, while they are so annoying, and not unfrequently so injurious to the health of persons at an advanced age, that I have not thought it best to employ them. I have seen no distinct case of this kind, in which any other than ligamentous union has taken place.

"In one of this kind, many years ago, a very fair one, the patient being a spare and healthy man, about sixty-five years old, I tormented him for about six weeks with the long straight splint, preserving the limb of about its full length for this time, so that on placing him upon his feet, the heel of that side came fairly to the floor; as soon as he began to bear weight upon it, it commenced to shorten by the yielding of the ligament, until it was more than an inch shorter than the other, and in about the usual state as those in which the most simple treatment is employed.

"I have seen several cases of interlocking fracture, as I supposed them to be, in which the symptoms of fracture have been so obscure as to lead to a doubt of its existence.

"These have rarely recovered perfectly, there being usually some eversion of the limb, with some restraint of the motion of the joint.

"A case of this kind, which was accidentally rendered a perfectly plain one, may perhaps interest you sufficiently to warrant a statement of it. A lady, about sixty years old, while getting out of a carriage, caught her foot in the stirrup and fell to the ground, striking on the trochanter. An intelligent physician, who saw her at once, did not detect a fracture. She was able to ride home, a distance of about thirty miles, in a carriage, with little inconvenience.

"Upon examining her, I found her suffering little pain when at rest, except such as is common after a bruise. There was no deformity of the limb of any kind; I could give all the motions to the limb, to a moderate extent, while if larger motions were attempted, a good deal of pain and resistance of the muscles was produced. This pain upon motion, together with the inability, when lying upon the back, to raise the limb from the bed were the only symptoms of fracture. She continued in this way for three or four days, suffering very little, and able with very little assistance to move herself from the bed to a chair, and sit comfortably for several hours in the day. While sitting in this way, she attempted to raise herself erect, with her hands upon the arms of the chair. When this was partly accomplished, the arm of the chair next to the injured limb broke, and she struck forcibly, for she was a heavy woman, upon the trochanter. This was followed by severe pain, by eversion, and shortening of the limb, and by all the symptoms of fracture of the neck of the bone. After a long confinement, she had the imperfect recovery which is common in such cases. I had no doubt that the fracture was produced by the first fall, and the displacement by the second."—JONATHAN KNIGHT, *New Haven. Private Correspondence.*

"I have used the long outside splint in fractures of the thigh for many years, and prefer it to any other. I use as little bandage as possible, leaving the limb free from unnecessary pressure. In some instances, when the patient has been careful and intelligent, I have relied on extension made permanently at the head and foot of the

bed, leaving of all splints after the first few days."—J. H. Armsby, *Albany. Private Correspondence.*

"Dr. Flagg, to whom you addressed a note through Dr. Morland, in regard to the fracture apparatus in use at our hospital" (Massachusets General Hospital, situated at Boston), "is long since dead. Dr. Morland has requested me to supply you with drawings, and descriptions of it. The apparatus was introduced into the hospital by my father, and has been somewhat modified from time to time. It is, I think, the best apparatus employed anywhere, and I have examined particularly the construction of these instruments, both in this country and in other parts of the world. I inclose a description and drawings, made by Dr. L. M. Sargent, artist to the hospital." * * * * "This apparatus I use for all fractures of the thigh, and have at present seven patients with it applied. We use it for fractures of the neck of the femur, as well as for fracture of the shaft."—J. Mason Warren, *Boston. Private Correspondence.*

"For all fractures of the thigh-bone, I employ the extended position of the limb. There are but few cases in which extending force is not necessary to prevent the degree of deformity or shortening which would occur without it. Of thirty specimens of fracture of the shaft, in my collection, only two are transverse. In fractures of the neck, especially with old subjects, I sometimes avoid the application of any kind of apparatus for permanent extension; but in all cases, whether of the neck or shaft, where such extension is attempted, I have found the straight position of the limb to be the most reliable."—Reuben D. Mussey, *Cincinnati. Private Correspondence.*

"If I should be asked under what circumstances I would use the double inclined plane in case of fracture of the femur, I would unhesitatingly answer, never! I have long since abjured the double inclined plane in every form of fracture of this bone, finding the straight splint fully adequate to all purposes for which any apparatus of this kind is required. In support of this statement, I could furnish a great number of cases showing that the locality of the fracture, the importance of which is so much dwelt upon in the books, constituted, in no case, a valid objection to its use." G. Kimball, *Lowell, Mass. Private Correspondence.*

"In reply to your question, 'What position do you adopt in the treatment of fracture of the thigh-bone?' I answer, emphatically, the straight. Many years ago, before I had much experience in

this class of injuries, I occasionally employed the flexed position, but I soon found that it was objectionable, on account of the great difficulty in maintaining so accurate apposition of the ends of the fragments. Of late years, I have confined myself entirely to the use of the straight position, and I have never had any cause to regret it. In the adult, I sometimes employ the apparatus of Desault, as modified by Physick, but much more frequently one of my own construction, somewhat upon the principle of that of Dr. Neill described in the *Philadelphia Medical Examiner* for 1855. I have used it for nearly twenty years, and it has generally answered the purpose most admirably in my hands. It consists simply of a box for the thigh and leg, with a foot-piece, and two crutches, one for the axilla and the other for the perineum, to make the requisite extension and counter-extension. With such an apparatus, an oblique fracture of the thigh can be treated with great comfort to the patient, and with the assurance of a good limb. In children, I have effected some excellent cures simply by means of a sole-leather trough, well padded and provided with a foot-piece.

"The great objection to the flexed position is the difficulty of keeping the ends of the broken bones in apposition: the upper one having a constant tendency to pass away from the inferior. Other objections might be urged against the flexed position, but this is quite sufficient to induce me to reject it."—S. D. Gross, *Philadelphia. Private Correspondence.*

An interesting letter from Dr. Paul F. Eve, of Nashville, Tenn., I regret to say, has been mislaid. He prefers the straight splint in all fractures of the thigh, except when the fractures occur near the upper or lower end of the bone.

"In regard to fractures of the thigh and leg, I can only say that I prefer the straight position for the treatment of both, and in nearly all cases I employ it. I have no doubt, however, that as good cures can be made with the flexed position, though I think it requires more care and attention in the treatment to do so, besides being less comfortable to the patient, and more difficult to measure accurately the limb."—Geo. W. Norris, *Philadelphia. Private Correspondence.*

The following additional remarks, continued in Dr. Norris's letter, although not entirely apposite, are too valuable to be withheld: "Permit me to suggest to you to say something in your forthcoming work on the early inspection, and the frequency of dressing, in fractures—points which seem to me to be not sufficiently attended

to by our writers and teachers, and to be greatly needed. How common is it to see fractures done up and not examined for several days, and then, if the injury has been oblique, to find when opened that it is accompanied with displacement? In those about the wrist, as well as in the leg and thigh, I am sure I have often seen mischief arise from want of early dressing. Students and practitioners who do not see much surgery, are apt to imagine that examination of the fracture and replacement of the apparatus are necessarily accompanied with pain and disturbance of the injured bone, and hence avoid it. Neither of these, however, are necessary accompaniments of the examination and re-dressing of a fracture if there be no displacement, and should there be, an opportunity is thus afforded for remedying it before it is too late.

"Another defect in the treatment of fractures about the joints, which I should like to see noticed by you, is the necessity of frequent dressing in the latter stages of the cure, and the giving of careful passive motion to joints that are confined by the apparatus. In fractures near the hand, for example, particularly in the laboring classes, such motion during the cure, to the wrist and finger-joints, is all-important; as, unless practiced, these cases are constantly followed by false anchyloses which require a long time to overcome, and which, in some degree, at least, might be avoided by following a different course. A mention of these things in your book, though, in the eyes of those who are daily called on to treat such accidents, very ordinary matters, would, I think, be calculated to direct attention to them, and do much good in our country.

"From all that I have seen of the treatment of fractures, I am a warm advocate for frequent dressings, wherever the fractures may have occurred—in the early stages, to prevent displacements, excoriations, &c., and in the latter stages, in order to give passive motion to the neighboring joints, which I know can be done without injury to the fracture. Of late years, I have been in the habit of dwelling upon these little matters as of importance, at our hospital. At the same time, you must understand me as being a stanch advocate for a state of perfect rest, as, in my opinion, the only proper one for broken bones." See, also, remarks by Norris on bad effects of early application of tight bandages, *American Jour. of Med. Science*, vol. xxii., p. 292.

In addition to these opinions of well known and distinguished American surgeons, which I have been permitted to declare, I will

remind you also of the practice of those whose opinions, having already found a record, demand only from me a suitable reference.

The following surgeons recommend the straight position:

Physick, Dorsey, Gibson, Horner, J. Hartshorne, H. H. Smith, Neill, Bache, Daniell, R. Coates, Howe, Flagg, Dugas, and Caldwell; while the following gentlemen have given a preference to the flexed position; Nathan Smith, of New Haven; Nathan R. Smith, of Baltimore; and Nott, of Mobile.

With one or two exceptions, it is probable that the straight position is adopted in the treatment of broken femurs in every large hospital in this country. Such I believe to be the practice in the Massachusetts General Hospital, of Boston; in the hospital under the care of Dr. Kimball, at Lowell, Mass.; in the New York City Hospital, and at Bellevue; in the Pennsylvania Hospital, of Philadelphia, and at Blockley. All of the surgeons attached to the Buffalo Hospital of the Sisters of Charity, including the marine wards—viz., Drs. Winne, Smith, Boardman, Samo, Wilcox, with myself—adopt the straight position, with but occasional exceptions.

The practice of treating fractures of the thigh, as well as all other fractures of the long bones, with the roller alone, and without either lateral splints or extending apparatus, first suggested by Radley, has found in this country but one distinguished advocate, Dr. Dudley, of Lexington, Ky.

The general plan of treatment preferred by the writer has already been stated, and it only remains to allude briefly to certain points which do not seem to have received sufficient notice from systematic writers, or which may for other reasons possess a peculiar interest.

Without limiting ourselves to the consideration of any one of the special forms of apparatus, we may say that the following ought to be regarded as essential elements in the construction of the long straight splint: Length sufficient to extend at least several inches above the alæ of the pelvis, and the same distance below the foot; such thickness as that it shall be firm and unyielding; width sufficient to make it serve as one of the lateral splints, since over all the properly called lateral splints it possesses this advantage, that it can never become displaced downward or upward; its width ought seldom to be less than three and a half inches, nor should its width diminish as it descends toward the foot, as in consequence of this construction, the roller, which is intended to secure the limb to the splint, has a constant tendency to slide in the same direction.

A foot-piece, or transverse block, to which the foot may be attached, for the purpose of making extension as nearly as possible in the axis of the limb. If this foot-piece is moveable, it will serve only the single purpose above-mentioned, and no rule need govern its width. But in this case there must be another block attached to the bottom of the long splint, at right angles with the shaft, and of the same width as the splint; the object of which will be to support and steady the side splint, and to prevent its rolling inward or outward. Where this is neglected, frequent disturbance of the broken fragments, and a deformity from inclination of the foot outward or inward, are apt to ensue. If the foot-piece is not moveable, then it may be of the same width as the side splint, and serve both to steady the side splint and as a means of extension. Its length ought not be such as to interfere with a long inner splint, in case its use should be deemed advisable.

With two fenestra placed at the upper part of the splint, for the reception of the counter-extending band, the long outside splint is now complete.

These are, so to speak, its simple elements, and compose the splint in its rudest form, without which no splint can be perfect, yet upon which many real improvements may be based. Thus it must be regarded as an improvement to have the splint so constructed as that it may be readily lengthened or made shorter, to accommodate itself to the size of the patient; or that the foot-piece should be furnished with a screw, for the purpose of making the extension more uniformly; or that the same mode of operating should apply also to the counter-extension.

The adhesive plaster bands are beyond all comparison the best means of making a permanent extension which are at present known to surgeons. Hitherto, one of the most serious difficulties in the way of extension, and the objection which has been most effectively urged against its adoption, has been the excoriations, ulcerations, and even sloughing, which so often occurred from the use of the various extending bands about the ankle. This, together with the injuries occasionally inflicted by the perineal band, has been regarded by other surgeons than Dr. Mott, whose opinions we have already quoted, as a sufficient reason for preferring the flexed position. But no one who has employed the adhesive plaster extending bands will doubt that, so far as injuries to the foot and ankle are concerned, this objection is now entirely disposed of. It is adopted in many,

perhaps most, of the American hospitals, and in no case where it has been employed have I known the slightest excoriations to have been produced. I regard this simple invention, therefore, as one of the most important improvements in the treatment of fractures of the thigh, and it is not surprising that several claimants have appeared for the original suggestion. By Mr. Brinton it has been claimed for Dr. Ellerslie Wallace, of Philadelphia; and by Dr. Sargent for Dr. Gross, of the same city; while by American surgeons generally the invention has been conceded to Dr. Josiah Crosby, of New Hampshire, to whom certainly is due the credit of having brought it into notice, if not, indeed, of the first suggestion.

The mode of using adhesive plaster for extension is briefly as follows:

A single band, long enough to extend from a point just below the knee, to twelve or sixteen inches beyond the foot, and about three inches wide, is to be applied along each side of the leg. Instead of one band on each side, two may be employed; which shall traverse each other somewhat obliquely, so that one band shall fall a little in front of the malleolus and one a little behind. Having wrapped the whole circumference of the ankle, including the malleoli and heel, in a heavy pledget of cotton, laid underneath the adhesive bands, a roller is now to be applied from the toes upward as far as the knee, and secured with a little flour paste or starch. Before fastening the bands to the foot-block, each band should be twisted into a rope below the foot; and to prevent any degree of lateral pressure upon the sides of the ankle and foot, already tolerably protected by the cotton, a piece of thin board, longer than the width of the ankle, and notched at each extremity, should be placed between the bands below the bottom of the foot.

The attempt to use the adhesive plaster also as a perineal band, for the purpose of making counter-extension, does not seem to have been equally successful, and we have still to incur the risk of ulcerations, &c., from this portion of our dressings; fortunately, however, the perineal band never completely ligates the limb, and it has rarely, therefore, been found so mischievous as the ordinary extending bands at the ankle. In the fracture apparatus lately invented by the Burges, the peculiar mode of action of the perineal band, avoiding, as it does, pressure upon the front of the groin, diminishes still further this danger. For a description of the mode of constructing properly a perineal band, I will refer you to the excellent

papers on "Fractures of the Lower Extremities," by Reynell Coates, of Philadelphia, published in the 20th vol. of the *Amer. Jour. of Med. Science.*

Following the suggestion made by Dr. Neill, who uses for the same purpose a Spanish windlass, I have had the foot-block of my splint so constructed as that counter-extension may be made at the same moment with the extension. The principle is the same as that applied in the ancient glosocomon described by most of the early surgical writers. The advantages of this method are that the counter-extension, as well as the extension, can be made slowly, steadily, and firmly; the patient cannot, if disposed to interfere with the dressings, loosen or disturb them; the limb is acted upon equally in each direction, and the rollers which secure the limb to the splint do not become drawn obliquely and disarranged by the daily attempts to increase or continue the extension. The danger only is, that, in the hands of inexperienced surgeons, too much force will be applied, and perineal ulcerations ensue.

With children I often employ only the simple splint, yet if the little patient is restive and disposed to throw himself about the bed, I prefer the double splint, to which is attached a screw of peculiar construction, called the "endless screw," the pattern for which was sent to me by some gentleman in Boston, whose name, I regret to say, I cannot now recall.

In all cases one should prefer to use side splints, carefully fitted; the whole, both side and long splints, to be applied to the limb over neatly made cotton pads or junks, of which there ought to be laid upon every part of the leg and thigh as many as may be necessary to prevent unequal pressure.

To this general plan of treatment now recommended for fractures of the femur, the writer makes no exceptions, unless it be in the case of a fracture of the neck of the femur, occurring in old persons, or in fractures just above the condyles, where the direction of the fracture is obliquely downward and forward; in the former of which no rule can be adopted, except that the patient should be placed usually in that position which may be found most comfortable; and in the latter of which, the flexed position seems, indeed, the most rational, yet, according to the evidences furnished by Malgaigne, its advantages over the straight position are far from being established. In fractures occurring just below the trochanter minor, my own experience agrees with that of the distinguished author just

quoted, that the straight position is still the best; an experience which seems to me also to admit of a satisfactory explanation. It is not directly upward, but rather outward and upward, that the lower end of the proximal fragment is thrown by the action of the psoas magnus and iliacus internus, so that in order to meet the supposed indication it will be necessary to carry the lower part of the limb outward also, a position which would certainly be found very inconvenient, if not actually impracticable in the majority of cases.

Nor can the tendency of the upper fragmeut to rise, and consequently to separate from the lower, be effectually met by posture alone, unless the thigh is completely flexed upon the body, a position again which will be found inconvenient, if not impossible.

It is apparent, therefore, that by posture alone we can only very imperfectly accomplish an approximation of the fragments; while we have almost entirely, whatever may be said to the contrary, deprived ourselves of all means of extension and counter-extension. On the other hand, admitting that by the straight position we have momentarily provoked a resistance which flexion of the limb might have prevented, we have, at the same time, slowly, but permanently, overcome this resistance by steady extension. In the one case, we have made a present gain, but a final loss; and in the other, a present loss results in our final gain. So it is that experience has shown in more than one case which has come under our observation, that although for a few moments, or perhaps for several hours after the straight position has been assumed in these fractures, the upper fragment will rise spasmodically, after a time, longer or shorter, and especially after the application of the side splints and bandages, this tendency will cease altogether.

My convictions upon this subject are clear, but since they do not correspond with the convictions of a pretty large proportion of practical surgeons, I am compelled to regard the question of posture in this fracture as still open. I will take the liberty to suggest, however, that it is by the results of carefully recorded experience alone that it can ever be determined, and not by any reference to physiological or anatomical arguments; which I suspect have had hitherto much more influence with surgeons in respect to this question than personal observation.

Note.—For an ingenious mode of dressing *compound* fractures of the thigh or leg, see apparatus invented by A. Hays, of Madison, Ind., in *Trans. of Amer. Med. Association*, vol. iii., 382.

PART SECOND.

AMERICAN AND FOREIGN INTELLIGENCE.

The Abortion Case—The Parties held to Bail in $10,000 *each.*

"On Saturday, Mr. James W. Temple and Dr. James Swanne were taken before Judge R. S. Wilson, of the Recorder's Court, on a writ of *habeas corpus*, and, after hearing testimony and argument in the case, the judge decided to admit them to bail in the sum of $10,000 each, to answer the charge of manslaughter.

"The medical testimony given in the court was in the highest degree conflicting, illustrating the old adage that 'doctors differ.'

"Prof. D. Brainard testified to the effect that the production of abortion by mechanical means which rupture the membranes was not at all dangerous or injurious to life, if proper care were taken of the person subsequently. He said he considered that all the leading medical writers sustained him in this position. A patient who had advanced as far as the third month of pregnancy, would be no more injured by the production of an abortion than she would have been by allowing the full period to pass, and the child to come into the world in the natural way. He stated that not one case in two hundred, where abortion was produced at the third month of pregnancy, would prove fatal; but, to make it safe, he would say one case in one hundred.

"Prof. N. S. Davis, on the other hand, testified that he looked upon the production of abortion by mechanical means as in the highest degree dangerous, and also as highly injurious to the system in its subsequent effects. Out of twenty cases of abortion that came under his knowledge, he could not recollect a single case where permanent and serions injury was not the result.

"The question arises as to which of the learned and talented professors is right, for certainly their testimony is widely different." —*Chicago Paper.*

The case here referred to, on which this testimony was given, occurred in Chicago, and was one of those of so frequent occurrence as to have ceased to startle the communities in which they occur from novelty of crime, and commonly excite more of morbid sympathy and commiseration for the parties concerned, than any healthful expression of opinion and decided action toward meteing out justice to the guilty ones.

Such occurences, indeed, excite no such interest as a beer-house row or a street garroting, though it must be evident to any impartial and reflecting individual that the crime is as much more henious and indicative of a degraded sense of morality and responsibility, by as

much as the iniquity of a cool, deliberate assassination of an innocent, unresisting and utterly helpless being, with the danger of a double murder, exceeds that of the unpremeditated angry blow given in the heat of passion, which makes a thoughtless man an unwilling and repentant murderer; or as it exceeds the guilt of the goaded victim of avarice and guilty passions, who becomes the bold robber of a man's valuables, while he spares his life.

We said that these crimes have ceased to startle from their novelty, and even while we are writing this our own papers contain the report of a similar case in our own city, which has resulted in the death of both mother and child.

The object of this paper, however, is not to remark upon particular circumstances of this case, nor has it reference to the crime of abortion in general, its danger and immorality, the legal responsibility of the parties engaged, nor to means for its suppression. Upon this subject we took occasion to express some opinions in a recent number, among which was the following; "that we did not believe any considerable number of the members of the regular profession in any manner countenanced, or even tacitly supported, the popular sentiment on this subject."

Our purpose now has reference to a portion of the evidence in the above report, which, coming from a man in Dr. Brainard's position, if not very surprising, is certainly—if contrary to good teaching, as we believe it is, as Dr. Davis believed, and as the evidence of leading authors conclusively shows—deserving of notice, from the authority which his position as a teacher might be supposed to impart to him, and the influence which might thence be exercised on the opinions of junior members of the profession.

And, if he is sustained in these views, as he asserts, by good authority, it is well to know it; and if otherwise, as we could scarcely attribute the expression of such an opinion, in one holding his position as a teacher, to ignorance of authorities, it must arise from other causes. And when he thus dogmatically gives an opinion so opposed to the teachings of the best, and, indeed, of all authors on the subject, as we think we can show, we are inclined to ask ourselves if we uttered a mistaken opinion, that very few members of the regular profession in any manner countenanced, or even tacitly supported, the popular sentiment on this subject—at least as far as regards the danger of the accident; for this is evidently supporting the popular sentiment as regards the danger; and if we find such opinions among the teachers, how much more shall we not among the pupils; and, indeed, we fear there are no small number who construe their ideas of the immorality of the business according to their views of the danger.

But we will not judge Dr. B. without evidence. What are the statements of the authorities on this subject? and do they sustain Dr. B. in his statement, "*that the production of abortion by mechanical means which rupture the membranes was not at all dangerous or injurious to life, if proper care were taken of the patient subsequently?*"

And again, "*that a patient who had advanced as far as the third month of pregnancy, would no more be injured by the production of an abortion than she would have been by allowing the full period to pass, and the child to come into the world in the natural way.*"

Although this accident is so very common, occurring frequently in the experience of every practitioner—so frequent that, according to Dr. Whitehead's* statistics, of 2,000 cases of pregnancy, 1 in 7 terminated in abortion—yet there is no want of evidence from good authorities to show that it is not without danger, even when resulting from natural causes. It is not without immediate danger to life, though the greater danger arises from the more remote but nevertheless direct sequences of the accident, which from the fact of their remoteness and chronic course, are less liable to be regarded as the consequences; and hence arises the idea of its innocuousness.

Thus says Ramsbotham on this subject: †

"Although, however, the discharge is the only symptom which need produce immediate alarm, abortions, as is well observed by Denman, especially if repeated, may either occasion local disease, or the time of an abortion is an era from which we may date the commencement of some *dangerous diseases of the uterus or its appendages.*"

"Abortion not unfrequently is also followed by hysteritis, inflammation of the uterine veins, and some of the other inflammatory diseases of childbed;" and again: ‡

"The principal, if not only source of peril, is loss of blood."

This is, indeed, the great source of danger at this period, (3d month,) at which time Dr. B. states that a patient "*would no more be injured by the production of an abortion than she would have been by allowing the full time to pass, and the child to come into the world in the natural way.*"

Says Churchhill§ on this point:

"It is always an untoward event, but not to be considered *dangerous*, unless accompanied by great hemorrhage;" and again: ‖

"Generally speaking, the flooding is less the nearer gestation is to completion."

And thus Cazeaux: ¶

"Whence I conclude that an abortion is then (third or fourth month) more *grave* and *painful* to the patient, as also more *dangerous* than in the fifth or sixth."

Colombat ** also remarks as follows:

"The prognosis of abortion regards both mother and child; for the former it is generally *more dangerous* than labor, because the latter is the performance of a natural function, while miscarriage is a disease.

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* Whitehead on Abortion and Sterility.
† Ramsbotham's Process of Parturition, page 487.
‡ Ibid. page 486.
§ Churchhill's Midwifery, page 180.
‖ Ibid. " 184.
¶ Cazeaux's Midwifery. " 265.
** Columbat on Diseases of Females, page 591.

And thus Bennet: *

"Abortion is often occasioned by inflammatory ulcerations of the cervix uteri, and often occasions it."

And thus Lisfranc: †

"Abortion in particular has been designated as a frequent and even as a formidable, cause of organic affections of the uterus."

Such are the opinions of some recognized authorities, in regard to the danger of abortion resulting from natural causes. If such danger exists in natural abortion, how much more must it be in those artificially induced. On this point, we will also take the evidence of leading "medical writers," and first that of statistics, such as we are enabled to adduce.

Churchhill collates from various authors 706 cases in which premature artificial delivery was effected for various causes. In these, death to the mother was the result in twenty-five, and from the means made use of, in twenty, or about one in thirty-five.

On this point says M. Chailly: ‡

"If we consult the statistics published in 1838 by M. Stolz, it will be seen that in 211 premature artificial deliveries more than one half the children survived, and *scarcely one mother in fifteen died.*"

These statistics are also adduced by the authors to show the comparative safety of this method of procedure. They were, too, cases occurring in the hands of teachers and recognized authorities in medicine, and against whom, therefore, the charge of incapacity and neglect of proper subsequent care could not be brought.

There is no little difference, it will be observed, between one death in fifteen, according to Stolz, or one in thirty-five, according to Churchhill, and one in two hundred, or even in one hundred, according to Dr. Brainard's opinion. But perhaps Doct. B. may object to these facts, that here the operation was performed late in pregnancy, after quickening, with the view of affording a chance for a viable child, and that the danger was proportionately increased as the pregnancy had advanced toward full term, and that at or about the third month the danger will be far less. Now, if this were so, is it probable there should be as much difference in the danger attending the operation about the third month, and that after quickening up to the seventh, as would be indicated by these figures? But, however much less the danger may be in natural abortions at this early period, and we have shown that even this is not admitted by all good authorities, still in artificially, and especially mechanically, induced abortions at this period the case is widely different. Here the danger is increased, as appears very evident, by just as much as the difficulty of safely manipulating with instruments about the undeveloped os and cervix at this early period exceeds that of manipulating in a later and more developed stage. But we will show what this danger is, from the best authorities.

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* Bennet on the Uterus, page 321.
† Lisfranc do " 85.
‡ Chailly's Midwifery, page 131.

Thus says Cazeaux: *

"The prognosis varies with the cause of the accident. Thus the most serious of all is an abortion brought on either by internal remedies or by manipulation."

And thus Columbat: †

"The most dangerous (is) that which has been occasioned by a violent exciting, without any predisposing cause."

Velpeau ‡ makes the following statement in relation to the consequences of using instruments to procure abortion:

"Those who make use of them most frequently fail in attaining their object, and succeed only in seriously injuring the womb."

And thus again Dr. Smith: §

"Abortion is in general injurious to health, and is seldom unaccompanied with suffering. The administration of emenagogues to force a separation of the ovum where the constitution has no tendency to throw it off, is highly *dangerous to the mother.* No drug can act in this way upon the uterus, but by involving it in a violent shock given to the general system. It has frequently occurred that *the unhappy mother has herself been the sacrifice*, while the object intended has not been accomplished."

And then again, Dr. Burns, ‖ who writes as follows:

"It cannot be too generally known that when those medicines (emenagogues) do procure abortion, the mother can seldom survive their effects.

Again Doct. Michel Ryan: ¶

"Irritation of the cervix uteri by mechanical means, and piercing the membranes justify the truth of the remark '*sæpe suos utero quæ necat ipsa perit.*"

Translation—frequently, she who would destroy her fœtal offspring perishes herself.

And again, Baitley,** as follows:

"Every woman who attempts to promote abortion *does it at the hazzard of her life.*"

And again, Male,†† who writes:

"There is no drug which will produce miscarriage in women who are not predisposed to it, without acting violently on their system, and *probably endangering their lives.*"

Dr. Meigs‡‡ writes:

"But shall a man feel justified to enter on an important operation, one *admitted to be dangerous to the mother*, and uncertain for the child in the proportion to fifty per cent., upon the ground of a mere peradventure?"

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* Cazeaux's Midwifery, Am. Ed., page 265.
† Columbat's Diseases of Females, Am. Ed., page 591.
‡ Quoted from Beck's Medical Jurisprudence, page 444.
§ Smith's Principles of Forensic Medicine, page 295.
‖ Burn's " Medicine, page 283.
¶ Manuel of Midwifery, by Michel Ryan.
** Baitley's Treatise on Forensic Medicine, page 5.
†† Male, Epitome of Medical Jurisprudence.
‡‡ Diseases of Females.

Dr. Beck* characterizes the introduction of instruments into the womb for the purpose of rupturing the membrane as *villainous* practice, and draws the following conclusions on this subject:

1st. "That all of them (means of producing abortion) are uncertain in their operation upon the fœtus.

2nd. "*That they always endanger the life of the mother.*

3rd. "That they sometimes *destroy the mother* without affecting the fœtus."

Again we quote from Farr: †

"The life of the mother, as well as the child is *endangered by such exhibitions.*"

Such are the views of some of our authors respecting the danger of inducing abortion. Had we the works of other writers on this subject to refer to, we doubt not that much more corroborating testimony might be adduced.

We will now offer some evidence respecting the particular source of danger in the use of instruments for the puncturing the membranes; and let our readers judge from this evidence whether this danger is not far greater at the third month than at any consecutive period; that the danger from this source will be just in proportion to the earliness of the stage of pregnancy in which these means are employed.

Thus remarks Dr. Taylor:‡

"Mechanical means are undoubtedly more effective in producing abortion than medical substances: yet, from the fact of such attempts being made by ignorant persons, the woman generally dies from hysteritis, peritonitis, or other serious after-consequences."

And again:

"It is obvious that this mode of perpetrating abortion is only likely to succeed in the hands of persons *who have a complete anatomical knowledge of the parts.*"

This is an admission of the danger from the operation performed by inexperienced hands. But the operation is not attempted alone by ignorant persons, as this writer seems to think, nor is it alone unsuccessful with such persons, as he also asserts. That it is not attempted alone by ignorant persons, the statistics we have quoted will show that it is not always successful with intelligent and experienced physicians, and those having a complete anatomical knowledge, particularly in the early months, we will proceed to show.

"Thus Dr. Gooch relates that Dr. Wm. Hunter attempted this operation (introducing an instrument to puncture the membranes) on a young woman at about the third month in pregnancy. He found that he several times punctured the *cervix uteri*, and the case terminated fatally."

"If this happened to one of so much anatomical knowledge and skill, how much more probable must it be in the hands of those

* Beck's Medical Jurisprudence.
† Beck's Medical Jurisprudence, page 70.
‡ Taylor's Medical Jurisprudence.

ignorant men, by whom, for the purpose alluded to, the operation is sometimes undertaken. No doubt these attempts often prove fatal, but the murdered do not tell tales."

On this point, Ramsbotham also remarks:

"That the performance of the operation demands a most accurate knowledge of the anatomy of the ovum and the maternal structures, as well as of the state of development which the neck of the uterus assumes at different periods of pregnancy."

Now, consider that the necessity for this operation arises so very seldom, and almost never at the third month, and it is apparent that the skill derived from experience, in legitimate practice, is not easily obtained, and hence the greater likelihood of injury resulting to the cervix and os uteri.

Moreover, it is generally admitted, and has been shown conclusively by eminent obstetric writers, that morbid conditions of the os uteri, ulcerations and inflammatory conditions, are one of the most frequent causes of abortion. Hence we see why abortions would be likely to follow in these cases, at the expense of injury, perhaps permanent, to the mother, and the strong presumption that abortion in the early months, by mechanical means, is the result of such injuries to the mother rather than of injury to the ovum.

What the danger, both immediate and ultimate, is, from these injuries, should be known to every medical man, and we presume it is.—*Peninsular Journal of Medicine.* E. P. C.

Modern Therapeutics.

The great aim and end of medical science is to cure disease. The investigations of anatomy, the researches of physiology, the exploration of medicinal agents in the domain of natural history, all tend to the one great object, the alleviation of suffering and of pain. The pathologist and the morbid anatomist may discover the causes which poison the fluids or disarrange the solid textures of the body; but their science is of little value in the eyes of the public, unless they also devise remedies for the restoration of the affected parts to a healthy state. Mankind, in all ranks and in all countries, will naturally fly for succor, in the hour of sickness and infirmity, to him who possesses the power, or to him who pretends to possess it, of most effectually curing human maladies. One pretender affects to cure all his patients by drastic pills of gamboge and colocynth; another cures or kills them with lobelia and cayenne pepper; a third set of quacks allow the sick to perish, while they amuse them by the administration of inert and useless globules; a fourth sluice their victims with hot and cold water, and if they escape from death, their cases are called cures. The newspapers teem with advertisements in praise of Dr. Lohock's infallible tincture, of Widow Wench's wonderful pills, of Professor Belloway's miraculous ointment, of Dr. Broadway's inestimable balsam; and the

public buys the tincture, and the pills, and the balsam, and the ointment, and the government derives a large revenue from the stamps, and the cunning people behind the scenes who compound the medicines, pocket immense incomes, while they laugh in their sleeve at the folly and credulity of their dupes.

But, putting out of the question the pretensions of quackery, it is indisputable that the records of legitimate medicine; so far as treatment is concerned, contain such a heterogeneous assemblage of different and often conflicting views, as to give rise in some quarters to the conclusion, which is not unnatural, that the principles of medicine are really unsettled, and that the art itself is purely an arbitrary one, depending on the caprice of the practitioner.

Still, those who draw such hasty inferences from imperfect data, should be informed that medicine, in its very nature, cannot be regarded as a mathematical science; for the circumstances are so continually changed by a host of modifying influences, that the results must necessarily be as various as the conditions which give rise to them. Passing from the abstract to the concrete, it is evident that the same disease affecting a delicate child, a nervous female, or a robust man, must require very different treatment; and it is equally demonstrable that the same disease occurring in different climates and at different periods, will likewise necessitate a corresponding variety of therapeutical ministrations.

The period is not very far distant when the doctrines of the distinguished John Abernethy prevailed throughout the profession, and when it was assumed that nearly all diseases could be cured by blue pills and the black draught; and the influence of these doctrines still prevails in the minds of several practitioners of the present day. But while we allege that the precepts of the great surgeon of St. Bartholomew's were carried too far by the practice of his overzealous disciples, yet we cannot for a moment withhold the tribute of our admiration for the man who, by a bold effort of genius, heightened and even recommended by a certain eccentricity of conduct and manner, rescued surgery from a mere mechanical art, and caused it to become one of the noblest of sciences; teaching that the surgeon who saved a limb was entitled to far higher praise than he who removed it, whatever may have been the degree of dexterity displayed in the operation.

About the same period when Abernethy was inculcating the necessity of the constitutional treatment of local diseases, the treatment of fevers consisted in the early and copious abstraction of blood, by which, as it was taught, and as indeed experience then proved, that class of diseases was most speedily and effectually removed or relieved. Mercurials and purgatives were used in such cases as adjuncts to venesection, and the patients not only bore the treatment, but attributed their cures to its prompt and unsparing adoption.

In the whole class of inflammatory and congestive diseases, bleeding was of course the sheet anchor, and calomel, in prodigious quantities, was thrown into the system, with the effect of causing

profuse salivation, but, at the same time, as it appeared, of subduing the inflammatory diathesis. We ourselves, and many others, in our early days, practiced this treatment under the direction of our seniors, and we cannot affirm with truth that the practice was unsuccessful, or that it appeared unjustifiable by the results. Subsequent experience and observation, however, have shown that such active treatment in the present day is unnecessary, if not injurious; and that even inflammatory diseases may be and are often cured without either bleeding or mercury.

It may probably be said that our predecessors mistook the nature of diseases, and that the present generation is gifted with greater enlightenment than their forefathers; that the diseases which now exhibit themselves to our notice are essentially the same as those which prevailed at the beginning of the nineteenth century; and that therefore all that our ancestors did was wrong, and all that we and some of our contemporaries do is right.

But before arriving at so sweeping a conclusion it is only fair to inquire, as a mere matter of speculation, whether the circumstances which cause or cure diseases have not altered within the last fifty years; whether certain types of disease have not disappeared and others have occupied their place; and whether new diseases have not sprung up in latter times. The synocha of Cullen, of the very existence of which some distinguished men of the present day entertain strong doubts, has certainly disappeared from among us, while the typhoid fever, so admirably described by Dr. Jenner, is far more frequently observed than was formerly the case. The Asiatic cholera, with its rapid depression of the system and speedy extinction of life, is certainly a new type of disease in this country, even if we hesitate to admit that it is actually a new disease; and that influenza, in its severe form, is a new type of disease, there can be very little doubt. It is probably of equal certainly that while sthenic inflammatory diseases have become comparatively infrequent, neuralgia and other affections, characterized by debility, have disproportionately increased, and the tendency of fevers of all kinds to run into a low and exhausting form is too notorious a fact to need comment. The recent prevalence of boils and carbuncles, also manifestly attended with debility, is too striking to escape notice.

The researches of modern science have brought to light the existence of a host of diseases, which, whether they formerly prevailed or not, were certainly not described until of late years. The granular degeneration of the kidneys, and the whole series of fatty degenerations of all the organs of the body, the disease called cirrhosis of the liver, the disease of the supra-renal capsules, giving rise to the phenomenon of bronzed skin — all these are the discoveries of the present day: and, while we are far from denying that they may have existed in former times, we are, we think, at least warranted in supposing that they are more prevalent now than in previous epochs. The plague has certainly disappeared from this country since the fire of London; the sweating sickness, which once periodically swept off great

numbers of the population, is now equally unknown; small-pox mortality has diminished most strikingly under the influence of vaccination; and, as we have just shown, certain types of disease have faded away, although the diseases themselves may remain; and there is certainly nothing extravagant in the assumption that a new class of diseases may have sprung up to replace those which have disappeared, and that the treatment of the sick may accordingly require modification, in proportion to the variety displayed in the maladies under which they labor.

The habits of the people, more especially of the higher classes, have also materially changed. The time when a man drank his two or three bottles of wine a day, and considered it the hight of hospitality to make all his friends do the same, has passed away; and with the disappearance of such habits, gouty affections have proportionally diminished, and the plethoric diathesis, bearing and perhaps demanding strenuous depletion, is comparatively infrequent; but in place of these and similar constitutional maladies, a whole host of depressing agents, in the shape of neuralgia, insanity, influenza, cholera, low fever, fatty degeneration, have sprung up in countless multitudes to threaten human life and destroy human happpiness. The butcher and the wine merchant might be regarded, at the commencement of the present century, as the great authors of disease and its consequences; but now they are valuable assistants to the physician in the restoration of health. In a statistical point of view, the consumption of wine, which might be supposed to have diminished, as a result of the altered habits of the people, has largely increased, from its more general use, and from its greatly increased employment as a medicine.

While, too, the luxury and over-indulgence of the middle and higher classes have been curtailed, it may perhaps be said that the comforts of the lower classes have been increased, though not to such an extent as might be wished.

Our soldiers and our sailors, except in certain unfortunate instances, which need not be recalled to remembrance, are well fed and well clothed, and epidemic disease has become among those classes comparatively rare; while the condition of the prisoner and the lunatic pauper has been so much improved as to excite the invidious remark, that poverty alone receives far less commiseration at the hands of the state than insanity or crime.

Such being the influences now in operation to alter or modify the habits of the people, and experience having shown us that the type of disease is subject to periodical variations, it cannot cause surprise that modes of medical treatment must differ at different periods.

We throw out the above hints upon a subject which we deem to be of the utmost importance; we offer no dogmatic opinions of our own, but we leave the investigation to the deep attention of the medical profession.—*Med. Times and Gazette.*

Percival Pott's Lectures on Surgery.

We present, to-day, from a manuscript book denominated "THE CHIRURGICAL LECTURES OF PERCIVAL POTT, ESQ.," a specimen of what we believe to be the original lectures of this distinguished Surgeon. The book from whence it is taken belongs to the library of the Medico-Chirurgical College, and was deposited, Sept. 9th, 1851, by Dr. George W. Rogers. He writes on a fly-leaf: "This MS. was obtained from the great nephew of the author, by Dr. J. F. Rogers while on a visit to the Western Islands in the year 1842."

THE INTRODUCTORY LECTURE.

Gentlemen, The intention of ye following lectures is to give ayou as great an Idea of ye practice of Surgiry as I am able,—for which purpose I shall shew in what manner and with what Instruments each Operation is to be performed also when it is necessary to perform, because we ought never to have recourse to ye knife, when a gentler method will succeed, neither ought we in any Operation to be more expedicious than is consistant with ye wellfare of our patient, for tho' it may attract the notice of the spectators, yet by being in a hury, something of greater consequence may be omitted than their opinion of y'r dexterity, as parts may be devided which out not to be, so yt ye operation will not be attended with ye success we w'd wish, by which means the Surgeons Character is more injured than if he had been longer ab't it, therefore we ought never to hury an operation. Calmness and Deliberation being more likely to succeed than celerity I dont mean to insinuate by this that we sho'd as if we were asleep or had no feeling for our patients, In regard for the necessary qualifications for a Surgeon, Anatomy Claims the first Consideration, also Phisiology and some knowledge of Physic is absolutely necessary; for we must first be acquainted with the state of the parts in health before we can judge in what manner the are altered by disease—we must be acquainted with ye Animal Œconemy, the course of the blood vessels and nerves and use of musseles, the fabric and connexion of the bones, their situation &c also some knowledge of Pphisic as to relate a simptomatic fever. Diarrhœa &c. whenever the shall happen in Consequence of an operation, wound fracture &c. some skill in mechanics will be useful, as will be evedent in the sequel—also a temper of mind that can sustain the Cries of the patient without being at all affected a steady hand and Clear sight are requisite and always make it a rule to perform an operation with as few Instruments as possible for it is evident where an operation can be performed with 3 instruments, it is much easier to yourself and better for yr patient, than if you had used 5 or 6—the end you are to aim at is to get a knowledge of the human structure and of disseses, and from these learn the best method how to relive them. Dissections with your own hands will not only Inform you of the Connexions of the different parts but will also give you a Dexterity which none can require but by practice—A distinction has prevailed between Physic and Surgery, which are spoke of as two separat arts—to the Contrary it is evidently and demonstrably true,

for the are naturally indivisible, the Physician will be very deficient if he has not made himself acquainted with the rational and fundemental principal of surgery—on the other hand he will make a wretched practioner in Surgery, who knowes not the simptoms and causes further than the luxation of a bone which in general will be all left to ourselves. In an hospital you will have frequent opportunityes of this kind of knowledge, and if you omit it the fault will be yours and you will have a great deal to answer for.

The first aim of every practioner should be to get a clear idea of what he means to do, the structure of the parts affected and the principals laid down by others—one thing in particular you should carry in your mind always, that whatever you have to do on a living anamal, you have it in your power to increase his pain, under a Continuation of which no act of nature can be performed—you will find it therefore a considerable part of your duty, ye understanding the doctrine of Irritability and Insensibility of p'ts therefore consider always what pain is and its most remote consequences upon the anamal and that you will have nothing to blame yourselves with.

Secret Medicines.—[We ask attention to the following remarks, extracted from an editorial article in the *Lancet*, (June 6) because the public seem not to have a just appreciation of the ethics of secrecy in medicine]:—

"In pursuance of our inquiry into the ethics of 'secrecy,' we beg to-day to call the attention of our readers to the false analogies put forward by the supporters of trading in occult remedies.

"In the first place, it is said there is something offered to society for sale. If society wants it, let it bid; let it buy. This is the usual course, and why must it be reversed? The reason why is this: An invention in art or manufactures, or a discovery in the applied sciences, has a money value. This money value is an unknown quantity; it may be great, or it may be small, but it is not the less a money value. The inability to determine the exact value of the commodity, does not preclude the possibility of a bargain upon sound principles; society may lose in the transaction, or the inventor may lose; but the loss is a money loss on either side, accordingly as society may have over or underrated the value of the discovery. And here the question terminates. Such bargains are made every day; values fluctuate, or are in their nature indeterminate, and speculators run their risk. But the profit and loss are capable of comparison. A gain in money is comparable to a loss in money. It is so many pounds better. But who can compare pain and life with money? No one has ever yet determined how sharp a pang may, upon commercial principles, be relieved for a guinea; neither have we as yet, happily, computed the value of an hour or even a minute of life in pounds sterling. It is obvious, then,

that as the profit and the loss in the sale of medical knowledge are not like values, the analogy between such a transaction and the operations of trade, or even the sale of inventions having a pecuniary measure of value, is a false one. It is a wretched sham, put forward to blind those who have not sufficient dialectical skill to unmask the sophism at which their hearts and consciences rebel.

"Let us examine another of the defences. It is urged that after all, the vendor of a medical secret is only doing as an individual what the profession does as a body; that he is putting a price upon that which society is ignorant of and requires; that not only does the profession of medicine price its assistance and succour, but all who possess special skill or knowledge do the same; that a charge of trading upon misery is as applicable to the body as to the individual. But it is *not* so. This *tu quoque* cry, this other false analogy, even though boldly asserted, is but a sorry pretence, when looked at closely. Medical men price their labor, not their knowledge. The labor, being skilled labor, commands a more or less high price. The repute of an individual makes his labor more valuable; the demand raises the price. Not of his skill, but of his labor. And this is a sound commercial principle, the most high-minded may profit by it, the most delicate and sensitive minds need not shrink from such a result. And why? Because there is a legitimate relation between *labor* and *money;* none between knowledge of what is *priceless* and *money*. To go a step further, what is the practitioner paid for? Certainly not for a secret—not even for his knowledge—but only for his application of what is distributed among thousands. If A refuses to act, B will. Both A and B are in possession of something hidden from the public, or, rather unknown to the public. If A and B, and all the other medical practitioners combined, and declined to render their services for less than an enormous reward, then they would be pricing their knowledge—trading upon life and pain—selling a secret, in short. What does secreting a remedy for individual benefit amount to, then? what does it represent? Nothing more or less than a gigantic combination. The individual possesses a secret which is peculiarly his own, and not more so, as the medical knowledge of the body of the profession. Let us imagine the profession to combine and act as an individual—to say to society: 'We have knowledge, and you need it; you suffer, we can give you ease, you are about to die, and we can save you. But first make us rich, give us dignities, place us upon the pinnacle of human prosperity, and then the knowledge is yours.' This is the true analogy. Who would defend us in such a course? Should we not, as a body, deserve the execration of society? Are there any terms of reproach adequate to express the inhumanity, selfishness, and turpitude of such conduct?

"Space prevents us from doing more than enumerating some subsidary incentives to publicity in relation to medical discoveries. We should never forget that we are the legatees of our predecessors. Hitherto, all great discoveries in medicine have come down to us without a price. We owe to posterity a debt which we cannot

pay to those who have gone down to the grave in honor. It is our business to keep up, in unbroken succession, the long list of benefactions in which we have all been participators. To begin now, in the present day, to fall away from the charity of our predecessors, is sacrilege—nothing more nor less than 'rank blasphemy' against the memory of those departed worthies, who, in all singleness of purpose, sought not their own private advantage, but how they might diminish the aggregate of human suffering. Again, it may be as well to say, that no man has a right to wealth. All who work have a right to subsistence in their sphere of life, even to competence, but not to great riches. If wealth pours in, it is probably deserved; it is very likely the meed of merit. But who looks forward to *wealth* as something he can *claim* in return for his services or discoveries as an indefeasible right, has far mistaken his moral position. Finally, our mission is to work, and often to fail in securing our reward; not to trade in tears, or to put a money value upon the pains and diseases which afflict our species."—*Medical News and Library.*

Homœopathy in Hospitals.

The experiment of homeopathy as applied to hospital practice has been tried in several instances, and has invariably proved a failure. The example which has been most frequently appealed to as a triumphant proof of the success of Hahnemann's doctrine is the Homeopathic Hospital at Vienna, or rather in the suburbs of that city, under the charge of Dr. Fleischmann, the statistics of which have been frequently cited as an instance of a low degree of mortality hitherto unparalleled. But these statistics have been proved, by Dr. Gardner, of Edinburg, in so clear a manner to be fraudulent, that the homeopaths themselves are heartily ashamed of them and have ceased to quote them. Lately a homeopathic hospital, which had been for some time in a languishing condition in London, has been closed as a dead failure. Under these circumstances it may appear surprising that the Board of Health of the city of Chicago have appointed two Boards of Medical Attendants in the City Hospital lately established there, one of physicians, the other of homeopaths, to each of which separate wards are assigned; and that the governors of Bellevue hospital in the city of New York, have established a homeopathic ward in that great institution.

The ignorance displayed by some of the guardians of public health in this country is lamentable. An examination into the condition of homeopathy in America, at the present time, will explain in a measure these strange occurrences. The fact is, that homeopathy, as such, no longer exists among us. The absurdity of infinitesimal doses, so utterly repugnant to common sense, and so disastrous in its application to cases of disease which require treatment by drugs, is abandoned by the great majority of practitioners of homeopathy,

who have had the sagacity to perceive that otherwise their practice would abandon them. No sane homeopath now treats a patient who has swallowed poison, with infinitesimals, nor gives such medicines in a case of diarrhoea, cholera infantum, fever and ague, and many other diseases in which medicine is of specific use. It is true that in many cases of self-limited disease, in which *no medicine* is required, he administers infinitesimals in order to preserve the appearance of consistency; and it is true that, as a general rule, he gives his medicine, when he gives any, in as concentrated a form as possible, for the same reason, though we have seen prescriptions written by homeopaths in large practice, which differed neither in substance nor in dose from those of regular physicians. To be sure, he *pretends* to practice on the principle of *similia similibus;* but as his practice resembles that of regular physicians, he maintains that *they* unconsciously practice on the same principle—just as M. Jourdain had been speaking prose all his life without knowing it.

It may be asked, if the practice of homeopaths be the same as that of regular physicians, what objection can there be to employing them in hospitals? There are two very good objections: in the first place, a man whose practice is a deliberate fraud upon the understanding of his clients, is not fit to hold any office of trust, and his appointment to such office is an insult to a liberal profession. In the second place, homeopaths generally are notoriously ignorant of the principles of medicine and of the collateral sciences so necessary to the successful practice of the art of healing. We all see almost daily instances of their errors in diagnosis, and in many cases such errors have proved fatal to the patient. No one can be accomplished in the science and art of medicine and be a homeopath, and we have yet to learn that such an instance has occurred.

The Perils of Circumstantial Evidence.—Dr. Fletcher, of Finsbury chapel, narrates the case of Eliza Fenning, which was alluded to by the Dean of the Faculty, in the recent Edinburgh trial:—"I was sent to visit on a Sabbath day, Eliza Fenning in prison. In company with the ordinary of Newgate, I conversed and prayed with her. She was dressed in white, an emblem of her innocence. In the same garments she suffered death as a criminal on the following day. I had no opportunity of judging as to her innocence. The expression of her countenance is literally stereotyped upon my heart. From what was communicated to me some years after, I can now explain it. It was the demonstration of injured innocence. When the event of her execution was almost forgotten, a baker, dying in a work-house in the vicinity of London, said, "My mind is heavily burdened. I cannot die until I make the following communication: Eliza Fenning died innocent of the crime for which she suffered. I am the murderer of her mistress. I put the poison into the morsel which effected her death. On the trial the jury concluded it must have been the cook who administered the poison, as they had not the slightest clue to suspect the baker."

The Boston "Spiritual" Award.—The following is the formal "award of the committee upon the question in controversy between the Boston Courier and Dr. H. F. Gardner, being the genuineness or falsehood of the so-called phenomena of spiritualism :"

The committee award that Dr. Gardner, having failed to produce before them an agent or medium who "communicated a word imparted to the spirits in an adjoining room," "who read a word in English written inside a book, or folded sheet of paper," who answered any questions "which the superior intelligence must be able to answer," who "tilted a piano without touching it, or caused a chair to move a foot," and having failed to exhibit to the committee any phenomenon which, under the widest latitude of interpretation, could be regarded as equivalent to either of these proposed tests, or any phenomenon which required for its production, or in any manner indicated a force which could technically be denominated spiritual, or which was hitherto unknown to science, or a phenomenon of which the cause was not palpable to the committee, is, therefore, not entitled to claim from the Boston Courier the proposed premium of five hundred dollars.

It is the opinion of the committee, derived from observation, that any connection with spiritualistic circles, so called, corrupts the morals and degrades the intellect. They, therefore, deem it their solemn duty to warn the community against this contaminating influence, which surely tends to lessen the truth of man and the purity of women.

The committee will publish a report of their proceedings, together with the results of additional investigations and other evidence, independent of the special case submitted to them, but bearing upon the subject of this stupendous delusion.

BENJ. PIERCE, Chairman.
LS. AGASSIZ,
B. A. GOULD, Jr.,
E. N. HORSFORD.

Cambridge, Mass., June 27, 1857.

Sit Tibi Terra Levis!—The late John E. Thayer, of Boston, among other liberal provisions of his will, has bequeathed to the venerable Dr. James Jackson, the medical attendant of the family of the deceased for two generations, one thousand dollars a year during his life, to be continued to Mrs. Jackson if she survives her husband. It is also ordered that the first payment of this annuity shall be made in ten days after the will is proven. The intelligence of this bequest was imparted to "the good physician" on his eightieth birth-day. "We feel sure," says the *Boston Transcript*, "that no remembrance was ever made that will give more general and cordial satisfaction in the community;" and, we may add, in the profession. This solid man, Mr. Thayer, evidently had a soul. Peace to his ashes!

Syphilis and Syphilization—the Bane and the Antidote!

What vaccination has done for humanity in the case of small-pox, that syphilization is to do in the case of syphilis. Dr. Turenne, its enthusiastic inventor, sees, in a beatific vision, the horrid species, lues venerea, "improved from off the face of the earth" under the force of his discovery. In the mean time, and until this happy consummation has arrived, syphilazation may be made to serve humanity in two ways. First, as a prophylactic; the individual being well and scientifically imbued with the virus of syphilis, is rendered ever after proof against all the miseries of this social evil; he is syphilis-proof. Secondly, the remedy drives out from the constitution the syphilis which it finds present there—the fire burns out the fire—and likewise renders the constitution impermeable to the assaults of the evil—similia similibus. This is setting a thief to catch a thief with a vengeance!

But what is syphilization? The term an author uses does not invariably convey, in all clearness to others, the idea which was present to his mind when he adopted it. To prevent misunderstanding, he therefore is accustomed to "define his terms;" and this must we do here for Dr. Turenne.

By comparing syphilization to vaccination, we readily arrive at the meaning of the word. The system is brought into a certain condition by the introduction of vaccine matter into it; this is vaccination. The system, again, is filled to saturation with the virus of chancre by inoculation; this is syphilization. The one arms the body against variola; the other arms it against syphilis.

The processes, however, by which these happy events are brought to completion are not equally simple. A microscopic puncture, an infinitesimal dose of vaccine matter, a satisfactory pustule, a few days constitutional uneasiness, and a laudable eschar—these are the moderate elements of a respectable vaccination. But considerably more complicated is the operation by which the system is worked up to chancre-proof pitch. No single inoculation of the venereal virus suffices to this end. Chancre after chancre must be established; day after day, week after week, aye! even month after month, must the operator persevere, until at last the signs appear which declare that the system has got its *quantum suff.*; and these longed-for signs are, that the body no longer responds to the inoculator's intention; he may insert his virus, but he cannot any more produce a chancre. The system is impleted. The man is syphilizated!

Thus it seems that the human individual does not yield kindly to this influence, as it does to the insertion of the vaccine, but it comes into it slowly and sulkily, as one might say. Step by step only is the friend or enemy let in, and vigorously does the natural constitution hold its own against the medicinal intruder.

Yet we are told that the grand point in the operation is to saturate the body rapidly; "when 't is done, then 't were well it were done quickly;" and to gain this end the practitioners of this novel art do not all operate alike. Men, of course, will differ on such minor

points. The Scandinavians and the Ultramontanes, Dr. Boeck and Dr. Sperino, etc., have all a like intent, but they work out the conclusion somewhat differently. One may, perhaps, content himself with a single chancre every other day, or every third day, until he finds the business is complete. Another, more heroically framed, will not be satisfied with less than a matter of three or four new chancres every three or four days, and some practice six to ten twice a week, thinking thereby to come more perfectly and quickly to their object. One, again, prefers the abdomen for the scene of his operations, and one the thighs and the arms; and another indifferently plies his work at either part. But, however they may differ in these trifling minutiæ, they must persevere boldly in the work—they must not desist until their object is attained. Things are going well, they know, when the last made chancre shows a diminished vigor in comparison with its predecessors; and this, we are told, it almost invariably does—gradually, like the fading away of a mountain echo, does the power of the virus pass off, until, at last, the operator is rewarded in full by finding that his patient is completely unimpregnable to the most undeniable virus-inoculation. His operation produces no effects. The skin is no longer responsive to the insinuating lancet. The individual is in a state of syhhilization!

Perhaps some curious person may here inquire how many chancres are required to effect a syphilization. He will, of course, infer from what has gone before, that the number is not a fixed one; but he may like to hear what, in the general run of things, has been the quantity which the operators found necessary. It is not easy to give any definite results on this point, but any one may calculate roughly, and nearly enough for all purposes, by recollecting that syphilization requires on an average half a year for its development, and that the most renowned operators establish on their patients from between six to ten chancres twice a week during the course. 683 inoculations (only 90 of which proved abortive) were required in one of Dr. Boeck's cases to dislodge an obstinate psoriasis syph.; but then the patient had been previously salivated, and previous mercurial treatment, they say, is found to interfere seriously with syphilization. Under all circumstances, however, the inoculations requisite must be counted by hundreds.

From this we see clearly that human nature does not, even under favorable circumstances, respond kindly to this process. Sometimes it is utterly rebellious; and so, "non cuivis," not to every one is the capacity for syphilization granted.

Now, it might be thought, by the inexperienced, that the production of some hundred chancres in the human body during the course of a few months would excite disturbances of a lively and unpleasant nature in the economy. Nothing of the sort! and let this be a lesson to à priori reasoners. Disturbances! why, the patients actually become fat and jolly under the process, and, what is equally surprising, so far from entering protests against the treatment, they court an operation which is to produce so remarkable a result; like those happy lambs of Pope, they

"Lick the hand just raised to," etc.

Other reflecting souls, again, may disturb themselves by lamenting over the sad, Lazarus-like condition into which these many sores must sometimes plunge their victim. They may conjure up scenes of erysipelas, and phagedæna, and extensive sloughings and suppurations. But let them not despair! These are all bugbears of the imagination. What is the use of reasoning in matters medical, from what has gone before in old routine? Le vrai, in such matters, never resembles vraisemblable. Should any signs of phagedæna, any ugly aspect come upon the surface of the chancre, your remedy is still there the same—make more chancres! The phagedænic look is an indication of perseverance in the same path. Stick to your inoculating lancet with a Sangrado-grasp, and you will soon extinguish these intercurrent maladies.

Again, the à priori philosophers might object to the circumstance, that the individual must bear upon his person for the rest of his life a very unpleasantly-figured condition of the skin. Four hundred cicatrices on the abdomen and thighs, they might suggest, would not be either pleasant or (under the consideration of their origin) respectable and honorable scars to bear upon one's body; "Porter le cachet du syphilis sur les épaules," is not what folks would like in this country, at all events. In answer to this objection, however we have the satisfaction of finding, that the ulcerations leave very insignificant reminiscences of the past upon the surfaces where syphilization was practiced. All is made pleasant here.

What are we to say to all this? Ordinary pathological principles—if there be such things—are evidently abrogated for the nonce, to introduce the happy event of syphilization into the domain of medicine. If we are to believe all that has been, and to appearance honestly, told us about this curative agent, we have assuredly a strange mass of novel facts to ponder over. Syphilization imparts to the human body, immunity from syphilitic infection—it removes existing syphilitic diseases—primary, secondary, and tertiary—and it does not injure, but rather improves the health of the person subjected to the process. Men of note in Italy and in northern Europe have experimented largely in the matter, and these are their deliberate assertions.

The Frenchman has not experimented, but he totally repudiates these conclusions theoretically. In England we have neither repudiated nor experimented, but have hitherto treated the subject with a calm indifference. True, we are not much given to enthusiastic impulses; and, certainly, to ask any one to give implicit credence to such rare things as these, on the evidence of a second person, in a foreign land, is to make a heavy demand on his credulity. But then, on the other hand, Drs. Boeck and Sperino have a right to point to their labors, and to ask doubters and disbelievers to repeat their experiments; and the subject is clearly one which can only be decided by an appeal to facts.

Now here the difficulty meets, if it does not beat us. Before a man commences an operation of this magnitude and duration, he must satisfy his conscience that "le jeu vaut la chandelle." It is

not surely a sufficient warrant for his thus operating, that mercury is not so satisfactory a remedy for syphilis as it was once thought to be. He must be satisfied that the good which shall result will counterbalance the certain evil which must be incurred. Most careful men will, we should imagine, have a natural shyness at undertaking experiments of the kind here spoken of; and hence we shall not very readily arrive at any practical conclusions on the subject in this country. We cannot but admire this caution; and should any one feel an itching to see for himself how the remedy works, we should advise him, before indulging in the experiment, candidly to examine himself whether, if he were in the case his patient is supposed to be, he would submit to the treatment he is thinking to inflict on another. A remedy may be worse than the disease.

Years must pass over before any certain facts can be arrived at concerning the permanent and enduring efficacy of the remedy. The investigation also is itself a very complicated one, and many of the results described may be correct without the conclusions deduced therefrom being admitted. Indurated chancres no doubt heal up under syphilization, but they heal up also when no specific treatment at all is used, when rest and proper diet are enforced. Moreover, we do not know whether the mere counterirritation produced by the formation of some hundreds of chancres, may not have some direct influence over the cure of the original disease. We have seen a most obstinate case of cutaneous syphilis, which had resisted all sorts of treatment, rapidly cured by an attack of typhous fever, which the patient caught in the hospital. That the patients do not suffer from, but improve in health under the treatment, is explicable enough when we consider the class to whom most of those who have hitherto been experimented upon belong, and the wretchedness and misery which is their lot; in hospitals these patients are comparatively in clover. What length of time, again, syphilization renders an individual free from all possibility of infection is not certain; this is a fact which only time can show, and which has yet to be shown. That female patients have courted such an operation, means simply, we suppose, that they were happy to find themselves in comfortable quarters for six months, and to know that they might in future practice their sad métier with impunity. We must conclude by saying, that altogether we have a very unfavorable opinion of this means of cure; and until we have some stronger proofs to the contrary than the history of the cases above referred to affords, we shall consider it as a most cruel and unjustifiable mode of treatment. We have referred thus briefly to the subject because we fancy that the operation has been lately recommended for trial here in much too light and inconsiderate a manner.

As a prophylactic agent, we need say nothing of syphilization. To subject a perfectly sane individual to the process solely to render him impermable to the venereal virus, is a proceeding utterly repugnant to morality, and admits of no discussion.—*Medical Times and Gazette.*

Extraordinary Monomania.—Mr. Lariviere relates a case which he believes unique, which has recently come before the court of Briancon. A man, aged 27, usually believed to be of weak intellect, a great liar and dissimulator, was convicted of having torn open the abdomen of many live sheep with his teeth, and then evicerating the animals. He killed as many as thirteen this way in four or five months, and five in the same night. No motive could be assigned for the acts, and M. Lariviere pronounced it a case of pure monomania. The court sentenced him to six months' imprisonment.—*Med. Times and Gaz.*, June 13, 1857, from *L'Union Medicale.*—*Medical News and Library.*

Physicians' Bills in the Burdell Murder Case.—The bills presented to the county of New York for medical and chemical services connected with the murder of Dr. Burdell, last winter, were as follows:—Dr. J. W. S. Gouley, for microscopical examination of blood, &c., $300. Dr. Wm. Knight, for surgical examination of the wounds, inspection of the clothing, furniture, dagger and other instruments, &c., $350. Professors Doremus and Childs, for ten days' service in chemical and microscopical examinations, with chemical assistant, $400.

PART THIRD.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

Disease of the Skin. By Erasmus Wilson, F. R. S. Fourth American, from the Fourth and Enlarged London Edition. Philadelphia: Blanchard & Lea. 1857, pp. 649. For sale by Riley & Co.

Through *four* editions in England, and also through *four* in this country, this work has already passed. This is an acknowledgment certainly of its merits.

The edition before us, the author states, has been made as complete as possible. Among other things, he has arranged a new system of classification, founded, as he regards it, on the only true practical basis, the *cause* of the disease. Several new chapters have also been added. A chapter on Classification; one on General Pathology of these diseases; on General Therapeutics; on Furuncular Eruptions; on Diseases of the Nails and Nail Follicles. Chapters that occupied the previous editions have been extended in

some instances. The author has also given the Syphilodermata a more important position. Appended to the volume is a collection of *selected* FORMULA—prescriptions that have been found of most value in the *treatment* of diseases of the skin.

In Dermatology, nothing is of more importance than a good classification. That which was inaugurated by Plenck (Vienna, 1776), and subsequently amplified and improved by Willan, is attractive to the student, from its easy applicability; but is regarded, by the author, as too artificial, and not calculated to convey an idea of the nature and cause of the various forms of disease and consequently affords no aid to the comprehension of their treatment. The author's *Classification* is founded upon the etiology of these diseases, and is something like that of Hippocrates, which divides diseases of the skin into *Local* and *Constitutional*.

"The great family of diseases of the skin admit of division into two primary groups, namely:

"1st. Diseases affecting the general structure; and,

"2d. Diseases affecting the special structures of the skin.

"The disease affecting the general structure of the skin, or derma proper, are such as implicate at once all the tissues which enter into its composition.

"The diseases affecting the special structure of the skin are those which select its separate components. Such as the vessels, nerves, papillæ, and pigment; or its special organs, namely, the sudoriparous glands, sebiparous glands, hair follicles and hairs, and nail follicles and nails."

The author has placed under the head of "*Diseases affecting the general structure of the Skin,*" seven typical forms—Erythema, Lichen, Eczema, Impetigo, Herpes, Furunculus, Purpura. Five of these, it will be observed, correspond with as many orders of the Willanean classification, namely, Exanthemata, Papulæ, Vesiculæ, Pustulæ and Bullæ.

Under the head of "Diseases affecting the special structure of the Skin," he has

1. Diseases affecting the vascular structure of the skin; example, *Hypertrophy venarum.*

2. Diseases affecting the nervous structure; examples, Hyperæsthesia, Anæsthesia, Pruritis.

3. Diseases affecting the papillary structure; examples, *verruca, clavus.*

4. Diseases affecting the pigmentary structure; examples, Melanopathia, augmentation of pigment; Alphosis, diminution of pigment; Ephelis, alteration of pigment.

5. Diseases affecting the sudoriparous organs; example, *Idrosis Anidrosis.*

6. Diseases of the sebiparous organs; example, *Stearrhœa simplex,* augmentation of secretion; Xeroderma, diminution of secretion.

7. Diseases of the hair and hair-follicles; example, *Hirsuties,* augmented formation; Defluvium capillorum, diminished formation; Trichiosis ciliorum, abnormal direction.

8. Diseases of the nails and nail-follicles; example, Degeneratio unguium, Onychia.

Two chapters are appropriated to descriptions of the itch Animalcule, *Acarus Scabiei,* and the *Steatozoon Folliculorum.*

Of the former, the itch animalcule, the author traces accounts to Aristotle, who seemed to know a good deal about it. It was known to the Greeks generally, and to the Arabians. Indeed, from the historical account furnished by the author, most of the nations of antiquity were acquainted with the little animal, and by them it seems to have received full credit for its performances.

The *Steatozoon* is of modern discovery. While investigating the cause of *acne,* Dr. Gustav Simon, of Berlin, discovered in the sebaceous substance, with which the hair-follicles are so completely filled on the nose and face, an animalcule, and gave it the designation, *acarus folliculorum.* The length of the animal varies from the $\frac{1}{77}$ to the $\frac{1}{154}$ of an English inch. The animal is divisible into a head, thorax, and abdomen.

The volume closes with a chapter entitled "Selected Formula"—the substances, simple and compound, which experience has found most available in the treatment of skin diseases, a class of diseases proverbial for the constancy with which they stand out against all remedies.

We close our notice of this book with the remark, that it needs no recommendation at our hands. Those who buy it, will find it very full of good matter, well arranged. The publishers, Blanchard & Lea, have made a nice thing of it, also, in the way of mechanical execution.

Medical Lexicon; A Dictionary of Medical Science, Containing a concise explanation of the various subjects and terms of Anatomy, Physiology, Pathology, Hygiene, Therapeutics, Pharmacy, Surgery, Obstetrics, Medical Jurisprudence, Dentistry, etc.; Notices of Climate and Mineral Waters; Formula for Officinal Empyrical and Dietetic Preparations; with French and other Synonymes. By ROBLEY DUNGLISON, M. D., L. L. D., Professor of the Institutes of Medicine, etc., in Jefferson Medical College. Revised and very greatly enlarged. Philadelphia: Blanchard & Lea. 1857. (For sale by Riley & Co.)

From the *Preface* we learn that, on this edition of the Lexicon, the author has bestowed unusual pains. He has added about *six thousand subjects* and terms which are not to be found in former editions.

The work has been thoroughly *revised* where the progress of science required this to be done. The author's aim seems to have been to make the work satisfactory and desirable—a lexicon in which the student may search without disappointment for every term that has been accepted in the nomenclature of science.

Scarcely any one but the author himself is able to appreciate the enormous amount of labor invested in bringing this work into its present condition. It deserves a liberal reception at the hands of the profession, and the author their thanks also.

The publishers, Blanchard & Lea, have got it up in very handsome and substantial style.

A Collection of Remarkable Cases in Surgery; by PAUL F. EVE, M. D., *Professor of Surgery in the Medical Department of the University of Nashville.* Philadelphia: J. B. Lippincott & Co., 1857. For Sale by Riley & Co.

Harvey has said that there is no way more calculated to advance the proper practice of medicine than to give ourselves to the discovery of the usual laws of nature, by a careful investigation of the *rarer* forms of diseases. The French dictionary, under the head, *Cas Rares*, gives quite a number of uncommon cases. We have also had an attempt of the same character a few years since by Dendy, in a pamphlet entitled, "Wonders Displayed by the Human Body." Perhaps, however, nothing has made its appearance in our literature in this line, at all comparable with the work before us. It contains 823 pages, exclusive of the index. The cases are classified according to regional anatomy, and on this account are of easy reference.

A collection of rare cases, such as go to make up this portly volume, must certainly be regarded as a kind of contribution;—for, published, as the cases have been, in the periodicals of both continents, they were, in a measure, inaccessible to the generality of readers. Dr. Eve, therefore, although living in an age characterized by a mania for book making, has given no evidence, as we regard it, in the effort before us, as having suffered from the prevailing trouble; measured indeed by the *utilitarian* rule, saying nothing about the stir that it will make among those who have a taste for the marvelous, the work takes a very respectable rank. While the great majority of the cases recorded by the author would not be likely to be repeated in any one's practice, however prolonged or extensive, there are some that occur with comparatively more frequency. Then again, what information more valuable than that which teaches the powers of the *vis medicatrix naturæ* under apparently the most desperate circumstances. To the reader, the work will certainly suggest a practical lesson; that is, not to be easily discouraged in the treatment of the most terrible surgical cases. The work commences with Injuries of the Head.

Case VIII.—"The breech-pin of a gun remaining imbedded in the ethmoid and sphenoid bones for eight years."

Case XXI.—"An iron bar (tamping) shot through the head—patient recovered."

Instances are given of the Cæsarean section having been performed three and four times successfully on the same patient. Also, of the sucessful extirpation of the uterus; of the reunion of fingers and toes after complete separation; of extensive gun-shot wounds of the heart without producing immediate death.

The most lengthy chapter of the volume is occupied with "Miscellaneous Cases." Here the reader will find much that will interest and instruct. The novel process adopted in many instances to remedy the results of casualties make an important feature of the work. The volume closes with a section on Surgical Anecdotes.

It is unneccessary to commend this volume to those who are fond of queer things in surgical science. Such will possess themselves of it at once. But it may be necessary to say a word or two to those of different constitution. The work has been got up with care. The compilation of it, indeed, has involved no small amount of labor. It brings, within a comparatively small compass, information

that has heretofore been scattered through periodical, monographs and rare publications. This information, as remarked in a previous connection, is not only not without its use, but can have no other effect than that of enlarging the mind with reference both to the powers of Nature and the resources of professional skill. Nature, it will be seen, endures or overcomes the most remarkable of disasters, while the inventive genius of the surgeon, without map or chart, strikes out modes of procedure to meet emergencies never thought of before.

Among the Miscellaneous Cases, we notice one by Prof. Samuel D. Gross, M. D. The case is denominated an "*Attempt to Convert a Boy into a Girl.*" Following the account of the case, we have the "Comments of Prof Bowling." The case is truly a novel one, and deserved a place in a book styled a "Collection of Rare Cases." Perhaps it was for *their novelty*, also, that the comments of Prof. B. were appended. Gross' case was a terrible freak of nature; Bowling's comments a freak in logic. The former was no more worthy of a place in a "*Book of Curiosities*," than the latter.

The case was one of monstrosity of the genital organs, usually denominated hermaphrodism. The child was two years of age; and having exhibited some tendency to boyish sports, the advice of Prof. Gross was, by its parents, obtained. On making an examination, the *genitals* were found in the following condition: "There was neither a *penis* nor a *vagini*, but instead of the former there was a small *clitoris*, and instead of the latter, a *cul-de-sac, covered with mucous membrane.* The urethra occupied the usual situation; the nymphe were unnaturally small; the labia were well developed and *contained each a testés*, quite as large, consistent and firm as they usually are in boys of this age."

Castration was performed by Prof. Gross in this case for, among others, the following reasons:

1. The certainty of the developement of sexual desires at the age of puberty; and, as a consequence of this,

2. The probability of the formation of an unfortunate matrimonial connection.

3. That such a connection could but result in disappointment, mortification, and perhaps disgrace.

4. No impregnation could ever occur, and even copulation could be performed imperfectly.

To almost any one, such reasons, we should think, ought to be conclusive. With a pair of testicles, this *lusus naturæ* at the age of puberty, would not only have been, to all intents and purposes, a poor miserable eunuch, but an eunuch enraged and tormented with a desire that could not be gratified. The *operation*, as asserted by the "Commentator," did not make an eunuch out of the child. Nature had denied it a penis; it had not the organ without which all the testicles in the world would have failed to have been of any force. The operation merely removed from the child that which would have proved to it a source of great disappointment and mortification.

The taste of Dr. Gross, in short, was to have all the genital apparatus necessary for complete work, or none; that of the "Commentator" on this operation was to have the subject grow up to puberty possessed of sexual instinct, but only capable of *"false motions."*

Transactions of the Twelfth Annual Meeting of the Ohio State Medical Society, held in the City of Sandusky, June, 1857. Printed by H. D. Cooke & Co.

These transactions make a volume of some 220 pages, which shows at least, that the Society is alive and in vigorous action. We are sorry to see so many typographical errors in the various reports of committees and essays. They are always a great source of mortification to the respective authors, and very much mar the beauty, particularly of a scientific production. This difficulty might have been avoided by giving the publication to some publisher of a medical journal, who would have been individually responsible for all errors of this kind. The binding is very neatly executed.

We were not present at the meeting of the Society, but the daily transactions show that the meeting was pleasant and harmonious.

The welcome address of Dr. Tilden is very appropriate to the occasion. It is chaste and beautiful, and with its touching reminiscences and historical portions, makes it a valuable paper for preservation. Nor is the valedictory address of the venerable Dr. Peter Allen, less interesting or appropriate. We hope our aged brother may yet long be spared to the profession which he has so highly adorned, and to the community in which he has spent so long and

useful a life, and whose endearments are rendered strong by a thousand acts of kindness, and whose every inch of soil has been tread by him in his errands to aid the sick and relieve the suffering.

The great body of the volume is made up of the reports of committees, and essays on various medical topics; and these papers and reports are what give the greatest value to the published transactions, and interest to the society. We have not room, nor is it expected in a mere notice of this kind, to review each paper at length—but we feel constrained to refer briefly to a few of them. The report of the committee on Obstetrics, by J. G. F. Holston, M. D., Chairman, is particularly interesting. It is a paper of considerable length, and is gotten up with great care, and contains much that is of practical value to the obstetrician, and interesting to the student of medical literature. It opens with a chapter on the history of midwifery, as practiced in this country, commencing with the Aborigines, and following it through its various progressive stages to the present time.

Another chapter is devoted to the theory and practice of the art—with a section of statistics of natural and preter-natural labor—and also a section on diseases of puerperal women. The last chapter is devoted to general obstetrical literature and education. There are also several appendixes, containing reports of special cases of interest—and statistical tables, furnished the committee by sundry medical gentlemen, who responded to the call of the committee for such reports. Taking the whole paper, we look upon it as one of the best reports we have seen on that subject, and one that will adorn the archives of the Society.

Dr. Holston also gives an additional report on microscopes and microscopy, which is interesting, and especially to those interested in that department of our science.

The report of the committee on Surgery, by John Dawson, M. D., Chairman, is extended and replete with interesting and valuable matter. It gives evidence of extensive research, and deep thought, and is worthy of an extended notice—but, did the room allotted to us permit, the intimate relation in which we stand to Prof. Dawson, and the great modesty of the worthy man, would refrain us from saying much of the paper.

The writer commences by saying "The department is so extensive, and all the subjects of which it is composed being of nearly equal interest, it has seemed almost like invidiousness to attempt to

make a choice. He has, however, wisely selected as the subject of the report, "A review of the present doctrines, and what is regarded as present knowledge in surgical science;" and for this purpose has arranged the general subject under the four following heads: 1. The age of scientific surgery. 2. The mechanical or operative department of surgery. 3. The scientific, or pathological department. 4. What per centum of success justifies a surgical operation. The whole report is gotten up with much care and taste, but with the great aim to make it useful and instructive.

There are numerous other reports and essays, each of which is interesting and valuable. But we have not room to notice them all. We cannot however refrain from inviting the special attention of the readers of medical literature to the paper of Dr. R. R. McMeens, on the topography, mortuary statistics, endemic and epidemic diseases of Sandusky, Ohio; and the report of the committee on Medical Literature, by J. W. Scott, M. D., Chairman; and also the paper on Moral Insanity, by Edward Mead, M. D.

The book is well worth the annual society tax, and we hope the day is not far distant when every member of the profession will be an active member of the Society, and each contribute his mite to the common stock of medical literature. R. N. B.

The Effects of Climate on Tubercular Disease. By Edwin Lee, M. R., C. S., London. Being the Dissertation to which the Fiske Fund Prize was awarded, June 6th, 1855.

The Influence of Pregnancy on the Development of Tubercles. By Edward Warren, M. D., of Edenton, N. C. Being the Dissertation to which the Fiske Fund Prize was awarded, June 4th, 1856. Philadelphia: Blanchard & Lea. 1857.

Those conversant with the progress of things medical, will call to mind that Dr. Caleb Fiske, who was President of the Rhode Island Medical Society in 1823 and 1824, at his death bequeathed to that Society a fund of *two thousand dollars*, directing the annual income to be expended in premiums for Essays on subjects selected for competition.

The Essays before us are those to which the prizes of 1855-6 were awarded. Connected by the topics discussed, the trustees, in view of the great amount of useful matter brought forward on one of the most important diseases, felt desirous of presenting the papers

in somewhat of a permanent form. Accordingly, they have reprinted them in their present shape, from the *American Journal of Medical Science*, in which they originally appeared.

The paper by Dr. Lee occupies 73 pages; that by Dr. Warren, 42.

We have looked through both of these papers, and regard them as presenting what is known, on the subjects to which they relate, in very clever style.

Dr. Lee's effort to show the "*Effects of Climate on Tuberculous Disease*," although by no means elaborate, contains much that is sensible.

He holds, 1st, that tuberculous disease of the lungs is curable in an indefinite proportion of cases. Post mortems have revealed in numerous instances, cicatrices in the lungs, which are regarded as traces of the former existence of tubercular excavations. Laennec also made this observation. Since his time it has been made by Ferrus and Cruveilhier, at hospitals Bicêtre, Salpétrière. Recently, M. Beau stated that 157 out of 160 women, who died at Salpétrière, had cicatrices in one or both lungs, which he considered to be the remains of tubercular disease.

2. Tubercle, the author thinks, is a disease of the general system, the blood being impoverished in its corpuscles, together with an alteration of its composition.

3. Pulmonary disease is most frequent in countries where a *humid* state of the atmosphere predominates.

4. The disease is of comparative rare occurrence in *cold and dry* climates; or in warm *dry* climates.

Inattention to hygienic rules, in any variety of climate, may give rise to a tubercular cachexy.

6. The chief indications in the treatment of tubercle by climate are, 1, to remedy the morbid condition of the blood; 2, to allay local irritation.

7. Change of air, and a residence in warm countries during the winter, should be recommended as soon as the cachexy makes its appearance.

8. Localities which combine a suitable climate with resources for mental occupation and diversion, by which patients may be inclined to spend a large portion of the time in the open air, are best suited for winter residences.

9. Prolonged residence in an equable calm atmosphere is not as beneficial as where there is a moderate agitation of the atmosphere.

10. Warm and dry localities best suit persons of a *lymphatic* temperament or scrofulous constitution; while on the other hand, persons with a *sanguinary* or nervous temperament, with irritability of the air passages and a disposition to hæmoptysis, are most apt to be benefitted by a somewhat moist atmosphere, not liable to great transitions.

11. Northern patients, with sanguinary temperaments and irritable lungs, although at first benefitted by a warm, moist climate are apt to experience, if they reside too long in it, sensations of general lassitude which render them liable to an aggravation of the disease.

12. Climatic influences exercise one of two effects—*stimulation sedation.*

The dry exciting atmosphere of one locality is adapted to a certain class of cases; the moist and equable to another.

The foregoing are the conclusions of the author condensed within perhaps too small a compass for perspicuity. They are, in the general, such as have been approved by those who have turned their attention to the inquiry. No nonsense is more egregious than that of recommending patients indiscriminately to the same climate, merely because it is warm, equable, moist, etc. A patient of lymphatic temperament and sluggish circulation of the blood, would not only not be likely, under such circumstances, to receive any benefit; but, on the contrary, would be likely to be injured.

The *Appendix* contains notices of some of the places most frequented on account of their climates, in the South of France, of Italy, etc. Among these we notice, Pau, Hyères, Nice, Menton, Pisa, Rome, Naples, Palermo, Malta. The author comments upon the climatic peculiarities of each one of these localities, and suggests the class of cases to which they are severally adapted.

The Essay, by Dr. Warren, "*The influence of Pregnancy on the Development of Tubercle,*" occupies 42 pages of the volume and is written with more than ordinary ability. The author has posted up the literature pertaining to his subject with some care. We see nothing, however, new in what is brought forward. The observation, that pregnancy suspends the progress of tuberculous deposits, is coeval with the origin of medical science; and there is scarcely a writer of ancient or modern times who has not borne his testimony to its truth.

In conclusion, the author says : "I have thus attempted by arguments, facts, and authorities, to prove that pregnancy prevents the progress of phthisis, even when that disease is perfectly developed. Whether this effort has been successful or not must be left to the judgment of my readers, and to them I confide my cause with the full assurance, not only that their decision will be equitable in regard to all that has been urged in support of my position ; but that they will agree with me in the conclusion that if pregnancy can arrest the progress of consumption when fully established, then for a still *stronger reason* must it retard the development of tubercles in those predisposed to phthisis.

New Books.—The following new books have been received and will be reviewed in our next No :

West's Lectures on Diseases of Women. Publishers, Blanchard & Lea. 1857.

Miller's Practice of Surgery, 4th American Edition. Publishers, Blanchard & Lea. 1857.

Peaslee's Human Histology, a new work. Publishers, Blanchard & Lea. 1857.

Meigs on Diseases of Children. Publishers, Lindsay & Blakiston, 1857.

Cazeaux's Midwifery. Publishers ; Lindsay & Blakiston. 1857.

Dunglisan's Therapeutics. Publishers, Blanchard & Lea. 1857

The above works are for sale in this city.

Monographs—

J. Aitken Meig's, Cranioscopy.

Brown Sequard, on Epilepsy.

Horace Green, on Lesions of Epiglottic Cartilage.

—, On the introduction of the Probang.

D. Meredith Rees, on Infant Mortality.

PART FOURTH.

EDITORIAL AND MISCELLANY.

CONGRESSIONAL DOCUMENTS.—From Hon. Samuel Galloway, our former member of Congress, we have received,

The Patent Office Report, 1856; Smithsonian Report, 1856; Army Meteorological Register, and Medical Statistics, U. S. Army.

We have looked through these books to see if they contained any thing calculated to interest our readers, who are reputed as belonging to a class proverbial in all ages of the world for their taste; and for their attainments in a knowledge of the most substantial truths connected with civilized life.

We infer, from the Patent Office Report, that we are by no means behind other nations in the cultivation of mechanics, and in inventive genius. The number of patents issued during the year 1856, by the office at Washington, exceed those granted by the English or French. Besides the number with us appears to be on the increase, 478 more patents granted in 1856 than in 1855.

We examined the Report for the purpose, among other things, of seeing what was done in the way of patenting *Medical and Surgical Instruments*. During the year it appears that 20 patents have been granted for instruments used in medicine and surgery, and 7 pertaining to dentistry.

Among the many interesting things in the Smithsonian Report, we notice a series of investigations by Dr. Jones, relating mostly to physiology. The experiments were for the most part conducted in Liberty county, Georgia, where the author had an opportunity of obtaining fresh specimens, from time to time, of vertebrated animals, an opportunity seldom enjoyed by previous observers.

The experiments relate to the analysis of the blood, to the physical and chemical changes in the solids and fluids of animals when deprived of food and drink, to the effect of a change of diet, to observations on the alimentary canal, to the comparative anatomy of the pancreas, liver and spleen.

We have no space for the author's conclusions, nor is it necessary to mention them, for they are such as have been arrived at by other observers. The opinion advanced by Bernard in regard to the pancreas, viz :—That its office is to prepare fatty matters for absorption, is sustained. Dr. Jones got no new light on the spleen. So far, the office of this organ is not understood. We have experiments, however, enough to know that it can be dispensed with, without maiming seriously at all the other physiological processes.

As far as the observations of the author have extended, the kidneys are larger in carnivorous than in other animals. The amount of urine excreted by warm-blooded animals is from forty to several hundred times that furnished by a cold-blooded animal. The urine of fishes is difficult to be obtained, the bladders are almost always empty.

Whatever estimate may be formed of the speculations of the author, there can be but one opinion as to the value of his facts, and as to the value of all such labors. A truth discovered, may not seem at first view to be of any very great importance. Still it may be the entering wedge to some problem that has resisted all other attempts at solution.

"Every well established truth is an addition to the sum of human power, and although it may not find an immediate application to the economy of every day life, we may confidently commit it to the stream of time, in the confident anticipation that the world will not fail to realize its benefits."

In the report of the *Secretary* we notice that a sarcophagus, bearing a long Phœnician inscription, having been exhumed in the vicinity of ancient Sidon, in the year 1855, the American missionaries took copies of the writing, and American scholars are now engaged in making a translation.

Permanently inaugurated as is now this institution, it may be confidently expected that it will do much towards elucidating the physical sciences of our continent, the geography, geology, hydrography, botany, zoology, meteorology, etc.

Courses of lectures on scientific subjects, are given through the winter, with occasionally a lecture on some popular subject. Political and sectarian doctrines are excluded.

Medical Statistics of the United States Army.—These statistics embrace a period of sixteen years, from 1839 to 1855, and have been prepared by Richard Coolidge, M. D., assistant-

surgeon United States Army, under the direction of Brevet Brigadier General Thomas Lawson, surgeon-general U. S. army, and may be regarded as a continuation of the one prepared by assistant-surgeon Samuel Forrey, and published in 1840.

This report details, in tabular form, the sickness and mortality of the United States army in the different positions it has occupied, from the Atlantic to the Pacific, and from our possessions on the north to New Mexico and Florida. Besides, it gives some account of the topography, hydrology, geology, flora and fauna of the different regions, and some account of the Indian tribes.

The army of the United States, it seems, by this report, amounts to 12,698.

Until we saw this report we had supposed that we were a peaceable people, and that our army was only kept up to frighten off invaders, fillibusters etc. But, the report says that during the last 16 years the army has had but three years exemption from field operations and actual hostilities. The war with the Seminoles in Florida lasted up to '42. In '46 war was declared with Mexico, from which country the army was not withdrawn until '48. Since the last date, the army has been continually employed on the frontier, a large part of it employed almost continually in hostilities. Truly such facts give us the aspect of a *war-loving* people. Nor does the future, so far as we can penetrate it, contain any thing more favorable. The report of the Indian Bureau states, that at the present time there are between three and four hundred thousand Indians in the territory claimed by the United States. These, like the Canaanites, must give place to a superior race. Abraham and Moses and Joshua, laid their plans for the extermination of the children of Ham; we have ours for the extermination of the Red men of America.

Judging by the length of time it has taken to exterminate the Indians of Florida, it will be seen that we have quite an ample amount of material, in the 350,000 Indians within our borders, to keep up, for some time, the interest we take in the destruction of an inferior race. Our kind of civilization, as far as is yet known, suits better than any other the queer compound of humanity that goes under the name of Anglo-Saxon. But it does not seem, after all the experiments that have been made, to be adapted to the autochthons of America. Wherever our notions and habits touch the Red man, he disintegrates. Of our virtues he seems incapable; but of our vices he absorbs too freely. A few years since, a meeting of a

missionary society, for the conversion of the Indian, was held on the frontiers by one of the religious denominations. A few of the Indians participated, heard all that was said in regard to their proposed civilization and conversion to Christianity. The Chiefs were invited to speak, and give their views in regard to the practicability of the plans submitted. One of them responded in substance as follows: "Christians, your religion may be very well suited to the white race. I have no doubt that it is, but it is not adapted to the Indian. He likes to worship the sun, moon and stars. It has always been so with him, and it always will be so. Localize him, and compel him to adopt the customs and religion of the white man, and he dies out, but allow him to roam from place to place in hunting and fishing and he will live."

These Red men have never risen to any position in the cultivation of the Arts. Like the Turks and Celts, they have a talent for decorative designs. Their bead-work and embroidery, which shows some ingenuity and some perception of the harmony of colors, is sufficiently known. They have always been warlike. They took the continent from a superior race artistically, the *Moun-builders*, have enjoyed it, no one can tell how long, and now the fates have decreed that their time has come for extinction. We might ask the question just here, when will *our* time come, and what nation is being raised up for our overthrow. We have no cities yet like Babylon, Nineveh or Petra; no temples like that of Solomon, which is said to have been ornamented with 48,000 tons of gold; no pyramids like the Cheops; and yet, where are the races who were connected with these works? Can it be possible that we too are to be partakers of the same fortune that has fallen to the lot of our predecessors, and that the time will come when antiquarians will have to exhume our cities and dig among their ruins in order to tell who we were, and of what kind of civilization we were the subjects?

It should not be supposed that this Report can give anything like a correct account of the diseases peculiar to the different localities occupied by the American Army. It may, and very properly no doubt does, show the dynamical condition of the army in the different regions it has occupied—what effects the rapid transition from place to place, involving change of climate and change of other circumstances, have had upon the health of the soldier. The war with Mexico developed the fact that the chances of dying from dis-

ease contracted in that climate, was much greater than the chances of dying upon the field of battle.

That part of the Report which relates to the ethnology of the Indian tribes and the diseases to which they are liable, is full of interest, and when looked into will reverse opinions that have been long entertained.

As we have possessed ourselves lately of a portion of territory in New Mexico, we turned over the leaves of the Report to see what was said of the inhabitants thereof. We condense from it the following:

The New Mexican is almost invariably a mestizo, of medium hight, and has the low retreating forehead, high cheek bones, and oblique eyes of the surrounding Indian tribes. His stature is below the medium hight; temperament nervous; mind without a spark of culture, except to pander to the cupidity of priests.

The females are generally homely, yet at times strikingly beautiful. They are better developed than the males. They are cheerful, have a strong idea of beauty, a consuming emotion of love, though it is not constant; of sympathy which never grows less. * * * * * But of sexual virtue, their moral education destroys every idea suggested to them by nature. The business of their lives is constituted by their domestic duties, and the rigid espionage under which they live, and the want of consciousness of doing wrong, impel them with the highest zest for intrigue.

They marry as early as eleven, and generally between that and fourteen. The males as early as the sixteenth.

They are a pastoral people, do not make fences, but trust their cattle to herders. They have little or no rain clouds, and as a consequence, irrigate their lands by canals from the river. Barely enough is planted to subsist upon, in order to get more time for idleness. "*The fatal bait of temporary ease and quiet,*" is supended before the imaginations of all.

The diseases which prevail among the New Mexicans, are syphilis, scrofula, diarrhœa, dysentery, rheumatism, intermittent fever, pleurisy, pneumonia, and occasionally typhoid fever. Small-pox has visited them occasionally, and in 1850 they suffered some from erysipelas.

The materia medica comprises but few articles; and the character of a physician is entirely unknown to them.

The Army Meteorological Register.— Pevious to 1818 we possessed

no records of Meteorological observations. In that year the Hon. J. C. Calhoun, then Secretary of War, created the office of Surgeon General of the Army. Among other duties, the Surgeon General was required "to keep a diary of the weather and note everything of importance relating to the medical topography of his station; the climate, diseases prevalent in the vicinity, etc." The work before us is a part of the fruit of this regulation. It embraces a period of twelve years, from 1843 to 1854, inclusive.

The Surgeon General, in 1840, applied to Congess for an appropriation to enable him to extend the system and render it more complete. The extended system went into operation in '43. It embraced four observations daily on the barometer, thermometer, clearness of the sky, direction and force of the wind, the direction and velocity of the clouds. To these were added two daily observations on the wet bulb thermometer, and the measurement of rain and snow.

Observations have now been made at *fifty-one* stations, from the Atlantic to the Pacific coast, and from the 47th parallel of north latitude to the banks of the Rio Grande. The observations are consolidated at the end of the volume into *monthly* and *annual* summaries. These tables may be regarded as a digest of all the observations made since 1822, and of all measurement of rain and snow since the introduction of the rain-guage in 1836. The work is illustrated by *charts* of distribution of temperature and of rain.

Although it may greatly subserve the purposes of general science, and no doubt will, this system of meteorological observations is primarily connected with the cultivation of medicine. It is designed to unfold the character of our climate, the relations of atmospheric phenomena to disease; and, as a consequence, to the etiologist it must be of paramount importance. It is in inquiries of this character that views in regard to human maladies get depth and breadth.

We have no space just now for a further notice of these "*Congressional Documents.*" At some future time we intend to look through the "Medical Statistics" for the purpose of collecting together the observations on diseases, etc., of the Indian tribes. The army was made up mostly of foreigners, (foreigners constituted about 70 per cent. of the army,) who of course, to some extent had to go through the process of acclimation at many of the stations where quartered, a circumstance that would render it

very improbable that they would indicate exactly the character of the diseases peculiar to each station. The diseases of the natives, therefore, taken in connection with those suffered by the army will assist very materially in throwing light on the question of salubrity.

The Past Year.

A very useful and time-honored practice is that of retrospecting the past. It is useful because it brings before the mind what has been said and done, with the consequences that have resulted, and that are likely to result. Individual is not more likely to be benefitted by such an operation than professional character.

The profession of Medicine, during the past year, has underwent no very marked changes in any respect. Things have moved along about as usual, from causes and tendencies that for some time have been in operation.

Conscious that the "Healing Art" can only be improved by cultivating a more thorough acquaintance with the physical sciences, good men, all over the world, have been busily engaged in beseeching Nature to give up her secrets. To our knowledge of the grosser forms of organized matter, but little for years has been added. Descriptive Anatomy is about the same now that it was in the days of Wistar, Bichat, and Jno. Hunter. Far different, however, is the case with Histology. The microscope and the crucible have, within a very few years, added largely to our knowledge of the physical and chemical constitutions of all the organs and tissues of the body. From his existence in the form of a cell, until time has completed his general disintegration, man, in all the metamorphoses he undergoes, has been inspected. Then, again, the chemist has taken him apart, compound by compound, and atom by atom, until his composition, normal and as impressed and altered by the influences of disease, are in progress of being understood. In the line of these inquiries it gives us great pleasure to notice the new work of our countryman, Dr. Peaslee, of New York, on *Histology*, the first American work of the kind yet published. This work shows the presence among us of a growing taste for the severer processes of research, and the higher departments of science. At present it appears that it is in the direction of such inquiries that we are to look for most that will enrich Medicine.

The department of Practical Medicine has, during the past year, received a considerable portion of attention. Several new works, and monographs in quite an abundance, have made their appearance. The tendency is, to greater accuracy in diagnosis and in the use of drugs. For a long time the phenomena of disease have been regarded as an order of things that ought to be investigated by themselves without any reference to the standard of health. As the profession have become enlightened, the tendency has become decided to regard physiology as the stand-point from which to calculate all morbid processes.

The late work of Sir John Forbes, *Nature and Art in the Cure of Disease*, was, to our surprise, rather favorably noticed in the *British and Foreign Medico-Chirurgical Review*. Sir John has not contributed to practical medicine, as far as we have noticed, a single truth. His theory, of *non-interference* in morbid processes, is an old humbug revamped, and, if believed and acted on, would effeminate and render nugatory the practice of medicine. We need no more theorizing in this line. We know enough of the power of drugs to know that they are capable of *subverting* morbid processes, of "*stopping*" disease. A healthy caution in the use of drugs is proper and right; but caution may amount to cowardice, and this is about the kind Sir John's writings of late are calculated to inspire.

The contributions during the past year to the archives of the *American Medical Association* have not been as large as in former years. The volume however contains several very valuable papers. Among these, the paper of Prof. Hamilton, of Buffalo, New York, "On Deformities after Fractures," may be mentioned, and may be regarded as a contribution to surgical science. Impressed with the value of this paper, we have republished a part of it in the present number of the Journal, to the exclusion of "Original Communications." The other papers in the volume we will notice formally in our next issue.

We have perhaps said enough for a mere passing notice, in regard to the aspect of things medical. There are some other matters that should perhaps receive a little attention.

So far as our observations have extended, the "irregular" systems of practice seem to be on the wane. Public credulity has been taxed and taxed with one humbug after another, until it is about to revolt. Its cup is about full. "New Systems" are now being

looked upon with more suspicion, and we would fain hope that we had seen the last of them. The getting up and selling of nostrums have been, however, of late, systemized. The success of a nostrum is no longer a matter of doubt, or to be guessed at. Swindlers in the sale of drugs now bring to their aid a knowledge of all the vulnerable points of humanity, and calculate the per centage of gullability of different neighborhoods with as much accuracy as a life insurance company does the proportion of a population that will be likely to die annually.

In conclusion, we bid the old year good-bye. What of it has been disagreeable or unprofitable we will try to forget; what useful and pleasant, we will cultivate as a source of future enjoyment. To the readers of the Journal we say "*A happy New Year.*"

Consumption in Charleston, South Carolina.

We accidentally got our attention turned to the Annual Report of the City Register, by John L. DAWSON, M. D, for Charleston, South Carolina, from which we glean the following facts:

Proportion of deaths to the population is 1 in 34.94. Whole number of deaths, in 1856, (whites and blacks) 1,428. Of consumption there died during the year 1855, more than the one-ninth of the whole number. The proportion of the negroes, we see by the tables, that died of consumption, is greater than that of the whites. It is unnecessary to observe that Charleston is in latitude 33°. The prevailing winds are from the E. and S. E. The mean day temperature of the months December, January, and February, was 50 degrees. From such data, consumption seems to be about as rife at the south as anywhere else.

We have before us a circular, from N. D. Benedict, in which attention is called to MAGNOLIA, East Florida, as a Winter Retreat for Invalids. Magnolia is on the St. John's river, in about the same latitude with and about 20 miles west of St. Augustine. The mean annual temperature of this part of Florida is about 70 degrees; winter temperature 56 degrees. The atmosphere generally clear, dry, and free from fog. The "Magnolia House" is said to be amply provided with every convenience calculated to make visitors comfortable.

Comfort.—The following is an extract of a letter, received from a highly intelligent physician of one of the largest cities in the Mississippi valley:

"*Respected Friend:* * * * *

"I take six Medical Journals, and consider yours the best among hem, and the British and Foreign Medico Chirurgical Review the next. I hope Doctor you may continue to concentrate your best medical ideas in it, and let its light continue to shine upon the profession with that mildness, when touching upon the subjects of ethics so characteristic of a well disciplined mind."

School of Medicine at Algiers.

The London Lancet contains an account of a decree dated Aug. 4th, of the present year, for a School of Medicine and Pharmacy, at Algiers. As far as examinations are concerned, the school will be in connection with the Faculty at Montpellier. The diplomas granted in Africa will entitle to practice in the French possessions in any part of the world. It was in Africa, at the Alexandrian school, that public prejudice first gave way and permitted the examination of dead bodies, the greatest boon to the medical profession, inasmuch as it removed the most serious obstacle to its advancment—ignorance of anatomy. Herophilus and Erasistratus were the heads of the Egyptian school, and were the first who were permitted to practice human dissections. These pioneers not only corrected numerous errors, but made many important discoveries. Many of the names given to parts by Herophilus and Erasistratus, still remains in use. Having acquainted themselves with structure, they became bold in their surgical operations. The latter made incisions down to the liver and spleen, and applied medicines directly to these organs.

Death of George R. Gliddon.

We see it announced, in several of our exchanges, that Mr. Gliddon died at Panama, on the 16th of November last. He had been on a visit to Honduras, as an agent of a Railway company, and was returning to the United States when struck down by death. Mr. Gliddon has distinguished himself as an antiquarian. He resided in

Egypt some twenty-three years as United States Consul. It was there that he commenced those inquiries that have given him so much notoriety throughout America and Europe.

The works with which his name stands most prominently connected, are "*Chapters on Early Egyptian History, and other subjects connected with Hieroglyphical Literature*," "*Types of Mankind*," and "*Indigenous Races of the Earth*." Although not the author of all that is contained in these works, except the first named, the getting of them up has seemed to be mostly due to the energy of Mr. Gliddon. The leading matter of inquiry in all of them is, Anthropology; and among the departments of the inquiry which have taken most prominence, is the one relating to the origin of mankind. In regard to this, the author and his collaborators support the doctrine of "*Natural provinces*"—the doctrine that climates take precedence in the order of creation, and that mankind and all other animals, as well as vegetables, were created to suit them. This theory involves a *pluralitg* of origin for man, a doctrine that has met with much opposition. "Every argument," says Mr. Gliddon, "hitherto brought forward on the *unity* side is either refuted or refutable."

The writings of Mr. Gliddon show great learning and research, perhaps more general research than any who have labored in the same line of inquiries. His elaborations, however, are interspersed with so much that is polemical, and his general bearing so defiant, that it is supposed, by some, that he has weakened his cause, by his manner of presenting it.

The truth is, his writings are subversive of our interpretations of the Mosaic account of Creation. Interpretations of scripture have frequently been changed in order to be accommodated to the truths of science; and as long as the *white* race preserves its analytical tendencies, there will be a disposition to continue the practice to a reasonable extent. When, however, an interpretation amounts to an abandonment of the doctrine regarded as indispensible to the integrity of the religious system, it is not reasonable to expect that it will readily be accepted.

Mr. Gliddon and others who have been engaged in Egyptian antiquities, in deciphering hieroglyphics, etc., state that there has nothing yet been discovered on the monuments to indicate that the *Children of Israel* were ever sojourners in Egypt. Sacred history makes the period of their residence there about 500 years; and their number, when led out of the country by Moses, across the

red sea, about 2,000,000—a number nearly equal to the present population of Ohio, and not far from the entire population of Egypt proper at the present day.

The opinion has long been entertained that the ancient Egyptians were of African origin, came down the Nile from Ethiopia, and were consequently black. Mr. G. thinks differently—so does Wilkinson, Blumenback, Cuvier and the learned hierologist, Birch. The question, however, has permanently been put to rest by the *Crania Egyptiaca*. The skulls of the mummies present the *Caucasian* type.

Among those disposed to speak of the superior character of our kind of civilization, there has been a great tendency to lay stress on the high position we award to *females*, and to claim this as a peculiarity. Mr. G. says that we have the most positive monumental evidence in a series of monuments coeval with ancient Egyptian events for 2,500 years, to prove that the female sex was honored, civilized, educated, and as free as among ourselves—that females were admitted to a full participation in all legitimate privileges with man—that women were queens and princesses in their own right—royal priestesses from birth. He adds: "Even among the Hebrews, the Jewish women were never placed in relation to man in the same high position as their more happy and privileged sisters enjoyed in Egypt." This taken in connection with the monuments of the country, its hieroglyphical literature, etc., must be conclusive evidence of a very high order of civilization among the ancient Egyptians.

Mr. Gliddon's works are now before the public; and sooner or later their influence upon his countrymen, for whom they were prepared, we may may safely suppose, will be in proportion to the truths they contain. *Nous verrons.*

Physician's Visiting List for 1858.

The publishers, Lindsay & Blakiston, have sent us a copy of the above little volume. The "contents" embrace an almanac, table of signs, poisons and their antidotes, table for calculating the period of utero gestation, blank leaves for visiting list, etc., etc. Those who use the Visiting List find it very convenient—a labor-saving machine. For sale by Randal & Aston.

CAN'T SEE THROUGH IT.—We have been often surprised at the number and character of the persons deceived and swindled by the various medical humbugs of the day. The number, however, ought not astonish so much as the character. The masses, the herd, the uneducated, always have been and always will be willing dupes of every kind of imposition. But is it not strange that with all the lights of the nineteenth century, a considerable proportion of the Clergymen, Lawyers and Governors of the country, should be unable to see through the schemes that have been fixed up by impostors in medicine to entrap them. One after another they walk up, like lambs to the slaughter, and appear to die, "in the triumphs of faith." Cato was not more infatuated when he invoked the powers of incantation in the cure of fractures, than are many of our educated men now in dogmas and doctrines that have no other foundation than the cupidity and presumption of their authors.

Medicine is now simply a collection of physical sciences. Unless acquainted with these sciences, no one possesses any *art* in the application of drugs to the cure of disease. Ninety-nine in one hundred, of all discoveries in medicine, are made by physicists—those engaged in cultivating the natural sciences—and it is nothing short of a mark of great ignorance, or of intellectual deformity, to see persons looking to any other source than the medical faculty for aid in sickness. If it can't be obtained here, it is superstition, it is insanity to expect it from any other source. Is it then not strange, that men of education and position are so long about getting the scales removed from their eyes ?

S. S. & WM. WOOD'S CATALOGUE.— We have had sent to us the Catalogue of the above firm, in New York. Among other things we notice for sale the London Lancet, London Medical Gazette, and the Sydenham Society Publications. These valuable publications, in complete sets, can now be obtained. An opportunity of this kind does not often present itself on this side of the "big ferry." Our State Library is very deficient, comparatively, in medical books, and we know of no better investment of the funds annually at the disposal of the Librarian, than in these publications and others of similar character. The Legal department in the State Library is rich, and we see no reason why the Medical should be so poor.

Dr. McClintock—The Journals.—Our readers are aware that some time since, Dr. Jas. McClintock, of Philadelphia, who had formerly held a very respectable position in the profession, having been professor for a while in one of the Philadelphia schools, sold himself to some medicine mongers for a time, for which he received $5,000.

After a time, Dr. McClintock became satisfied that he had sinned. He repented, and published in the Philadelphia *Medical Journal* an account of the nostrums that had been got up under his direction. Subsequently to this, a vacancy in the office of Chief Resident Physician at the Blockley Hospital occurred, and Dr. McClintock was appointed to the place. At this pretty much all the editors of the medical journals and the various medical societies took exceptions.

The N. A. Medico-Chirurgical Review, and the American Journal of Medical Sciences, are eloquent in their denunciation of the Board that appointed Dr. McClintock to the place.

What now are the points in this case, and what is the rule of action with reference to such offences?

Dr. McC. sinned—disgraced himself and family, if you please. But he has *repented* of his sins, and published to the world the evidence thereof. Yet, notwithstanding this, the journals are still down on him. They are for proscribing him forever from the profession; for not taking his repentance in any way into the account.

We would like to know how these gentlemen, who we understand are "*believers*," reconcile their course in this case with the following:

"Take heed to yourselves: If thy brother trespass against thee, rebuke him; and if he *repent* forgive him. And, if he trespass against thee *seven* times in a day, and seven times in a day turn unto thee saying, I repent, thou shalt forgive him."—Luke, chap. xvii, 3-4 ver.

Reduction of Humero-Scapular Articulation, of Nine Weeks Standing. By F. F. Hurxthal, M.D., Massillon, Ohio.

Mr. Arrat, aet 60, of strong muscular development, while engaged in mining coal had the head of the humerus dislocated, forward and upward, under the pectoral muscles, by the falling of a portion of detached rock that forms the roofing. A *soi disant* German doctor was called in attendance, who, after sundry girations, pronounced all right, and contented himself with the application of strong liniments, promising a certain and speedy cure.

During the succeeding nine weeks, he occasionally visited the

case. His attention was often directed to a large tumor under the clavicle, and a deep depression at the apex of the shoulder. The unfortunate man was assured by the *doctor* that this condition of things was to be expected—that the tumor was but a swelling of the muscles, which the liniments would soon remove, and the depression at the shoulder would be filled up with new flesh. Under these assurances, Mr. A. bore his sufferings with Christian resignation, until the lapse of nine weeks, when, by the advice of friends, he determined to seek the opinion of Dr. John Schertzer, of this place. A moment's examination convinced Dr. S. that the humerus remained unreduced, and so gave his opinion to the patient and friends, at the same time stating that a proper effort ought to be made for its reduction, guarding his prognosis, that from its having remained so long out of place the effort might be unsuccessful, but as he was he must remain for life a cripple.

Mr. Arrat at once determined to undergo the trial, and arrangements were made for his returning to the office of Dr. Schertzer on the following morning.

At the request of Dr. S., I accompanied him to see the case and aid him in the trial for reduction. The condition of the patient was at once discernible. Luxation of the head of the right humerus, under the pectoral muscles, could not for a moment be questioned. My opinion on the propriety of attempting reduction, accorded with that before expressed to the patient. The necessary preparations being made, Dr. Schertzer first tried his usual way of reducing dislocations at this articulation, by the sling method, without in the least disturbing the head of the bone in its new place of residence. At his request I then applied Jarvis' adjuster. Soon after the extending process was commenced, the pain become unbearable; chloroform was administered gently and gradually, with short intermissions; I continued the extension for nearly one hour. The head of the humerus was seen to leave its resting place, and finally arrived at a point external to and immediately below the glenoid cavity. The sling was then passed between the arms of the shoulder fork and brought as near the head of the humerus as possible, which formed the fulcrum upon which to work the head up to its place, the arm with the apparatus still attached being used as a lever with which oscillating motions were made until we had the satisfaction of seeing the head of the humerus again resting in its normal place, and our efforts crowned with entire success. A large wedge-

shaped pad, secured by the figure of 8 bandage, with a shoulder-splint bound down to the well side, and to the other extremity, of which the injured shoulder was raised, constituted the principal dressings. The forearm and elbow was sustained in a sling.

Some two months after the reduction, the man returned to his labor of mining, with nearly all of the motions of the arm perfectly restored.

"Eye Surgery.—We are glad to observe that Dr. Williams is succeeding in establishing a position in his speciality. We know of no man in our city who has stronger claims to confidence, in this department of surgery, than Dr. Williams. He has for two or three years been cultivating a tri-weekly clinic, which has grown to considerable importance. These clinics are held at St. John's Hotel for invalids, and are accompaied by clinical instruction in diseases of the eye, of which many of the students in attendance at the Medical College of Ohio are availing themselves. We also learn that Dr. White is giving practical instructions, at the same place, in *Physical Diagnosis*. All such efforts contribute to the attractions and facilities for medical teaching in our city, and we wish these gentlemen abundant success."—*Cincinnati Medical Observer.*

We have no personal acquaintance with Dr. Williams, the oculust noticed in the above editorial of the *Observer*. What, however, we have heard in regard to the pains he has taken to educate himself in his speciality, the success attending his practice, and his general bearing as a gentleman, have impressed us very favorably. Persons laboring under diseases of the Eye will find in Dr. Williams a very high order of qualifications.—*Editor O. Med. & Sur. Jour.*

Foreign Honors to an American Surgeon.—Dr. W. J. Holt, of Augusta, Ga., has just received, through the Russian minister to this country, the "decoration" of Commander of the Imperial Order of St. Stanislaus, in consideration of his services during the campaign in the Crimea. The cross is of massive gold, and beautifully wrought. Dr. Holt was appointed member of the Order of St. Anne, while still in the service of Russia; and this second compliment, now that he has left that service, testifies to the Czar's appreciation of the ability with which the surgeon's duties were discharged.—*N. A. Medico-Chir. Review.*

Sydenham Society.—From the report of the fifteenth annual meeting of the Sydenham Society, we regret to learn that the income of the Society has been for some years barely sufficient to meet the current expenses. It is a matter of extreme regret that such a valuable series of publications as that issued by this Association should not be continued, and we trust that the announcement that the Society is in want of funds will be sufficient to induce many to subscribe who have not hitherto done so. When one considers that for the small sum of about five dollars the members receive from two to four volumes, of great value, and beautifully printed, it is remarkable that the list of subscribers should be so small. One of the books for the current year has just been received here. It is a translation of Küchenmeister's "Manual on the Animal and Vegetable Parasites of the Human Body," and will be shortly followed by the second volume. It is illustrated by superb colored plates, and although a translation from the German, will supply the void which, we lately remarked, existed on this subject in English medical literature. Von Siebold's essay on "Intestinal Worms," will also be supplied to subscribers for this year. Gentlemen wishing to subscribe, can do so by applying to Dr. R. H. Salter, No. 1 Staniford street.—*Boston Med. Jour.*

Medical Practice in Beloochistan.—To the practice of medicine in Beloochistan there are only two slight draw-backs. When the physician gives a dose, he is expected to partake of a similar one himself, as a guarantee of his good faith. Should the patient die under his hands, the relatives (though by no means bound to exercise it in all circumstances) have the right of putting him to death, unless a special agreement has been made freeing him from all responsibility as to the consequences; while he, should they decide on immolating him, has no reasonable ground for complaint, but is expected to submit to his fate like a man and a hakim. In other respects the amateur will find an easy field.—*Blackwood's Magazine* for October.

The following anecdote is told by the Paris correspondent of the New York *Daily Times*, and is too good to be lost:

"A friend told me a day or two ago a good anecdote of Phillip

Ricord, the distinguished surgeon of the Hospital du Midi. Ricord was sitting in one of the orchestra stalls at the Grand Opera—it is not often he gets time to go there—and all at once when the house was still, and in the midst of one of the songs of a principal barytone, he commenced cheering in the most approved style. Everybody looked at Ricord, but did not understand. As the singer grew warm and commenced gesticulating with vehemence, Ricord's enthusiasm augmented, and other gentlemen at his side, feeling the infection, followed his example, and applauded also. Ricord, turning around briskly wanted to know what they were applauding for? 'To tell you the truth, sir,' was the reply, 'it was partly from your example.' 'But you don't know why I applauded?' replied Ricord. 'I was applauding the marvellous effects of the Iodide of Potassium!' The singer was one of Ricord's patients, who had a stiff elbow joint, for which he had been taking for some time this remedy, and it was when Ricord saw the arm unbend itself in the gesticulations of the singer, that he broke out into such enthusiasm. His neighbors remained silent for the rest of the evening."

The Microscope in the Diagnosis of Consumption.

It is well known that the attention of microscopists was long since directed to the investigation of the sputa in suspected phthisis, and that but little, if anything of a practical result was obtained, for a long time, at least, by the most competent observers. In the proceedings of the Harveian Society, published in the London Lancet, July 11, 1857, there is an interesting paper by Dr. Theophilus Thompson upon the use of the microscope in diagnosticating tuberculous disease. After mentioning the formerly adverse evidence of Rainey, Addison and Bennett (the latter of whom, however, "has lately added his testimony to the value of the microscope" in these cases,) Dr. Thompson refers to the experiments of Dr. Andrew Clark, and to his demonstrations at his lectures at Haslar, which enabled him to establish, as he believes, "the real microscopal indications of tubercular sputum."

Six cases are cited by Dr. Thompson, and these give both positive and negative evidence of the value of the wonderful instrument which has, of late years, done so much to advance pathological investigations. In one instance the decision of the microscope tri-

umphed over "the gloomy prognostications which an accomplished auscultator had perseveringly maintained." In still another, "doubtful signs" were confirmed, and the diagnosis of "slight tubercular deposit, tending to restoration, was confirmed by the result.

The rapidity of progress of the disease, is, according to Dr. T., capable of being pretty accurately gauged by means of microscopic scrutiny.

We subjoin certain of Dr. Thompson's diagnostic deductions and data.

"When tubercular deposit is present in the pulmonary vesicles, there may be seen, contrasting with the usual epithelial cells, some which are dark, swollen, spherical; some more advanced, larger, and mishaped; others shrivelled or burst, and extruding nuclei, which nuclei when enlarged, correspond with the 'tubercle corpuscles' of Lebert. * * * * 'The general moleculo-granular appearance (in which his attention had been originally directed, and which he much regretted having erroneously figured in his Clinical Lectures,) was not conclusive; the sputum which is really characteristic containing isolated masses of moleculo-granular material, and having interspersed corpuscles of various forms, overgrown or jagged, and setting free nuclei; the various proportions of pus, or fat, or blood, giving collateral indications of the amount of surrounding deterioration in the lungs; while amongst evidences of rapid progress might be specified the appearance of large and numerous areolar meshes, still retaining their adhesion and elasticity. In chronic cases, portions of this tissue appear, inelastic, teased out, and broken down, in consequence of long imprisonment, whilst a diminished proportion of fat, and the appearance of cholesterine plates, and still more of earthy particles, were often indicative of a mode of restoration."

It is certainly desirable that further investigation, in this direction, should be made. Whatever can aid us in detecting the early presence of so formidable a foe, is of inestimable value. If the microscope can antedate the ear, we may hope to *steal a march* upon the adversary. At all events, with so many zealous cultivators of microscopy let no opportunities of this sort escape examination. We suggest the intervention of the "*Microscopical Department*" of the Boston Society of Natural History, as well as the careful attention of private histologists.

Molasses from the Chinese Cane.—Our hope in regard to the successful production of sugar from the "Sorgho Sucre," is small, but we agree with the South (Richmond) that the Patent-office at Washington did a good thing in distributing through the country the seed of the "Sorgho Sucre," or Chinese sugar cane; for, in view of the high price of molasses, it is likely before many years to be extensively cultivated for the saccharine juice with which it abounds, and which by an easy process, can be converted into very good syrup or molasses. Messrs. Joseph Sinton & Sons, of Henrico, Va., according to the *South*, obtained some of the seed and raised a good crop of the cane, which is valuable as cattle-feed, even after all the saccharine juice is pressed out. The gentlemen tried the cane as a molasses-producer, with the following results:—One hundred and ten stalks were cut and pressed twice in a cider-mill. The juice obtained, amounting to twenty-seven quarts, was then put in a large dinner-pot and boiled, one hour and forty-five minutes, making one gallon and a pint of molasses. The article is good and very enticing to those who love sweet things of the kind. The "Sorgho Sucre," though a foreigner, grows and thrives like a native of American soil.—*Hunt's Merchants' Magazine.*

Hydrocotyle Asiatica.—This is the name of a new drug which has lately been much used in France in the treatment of certain cutaneous affections. The Hydrocotyle Asiatica is an umbellifferous plant, found in the eastern portion of the Asiatic continent, and was introduced to the notice of the Imperial Academy of Medicine of Paris, by M. Lépine. The action of the drug has been tested by MM. Cazenave and Devergie, of the Hôpital St. Louis, who have, as far as experiments have been made, reported favorably upon its merits. The form of its administration is in granules or syrup. An hydro-alcoholic extract is obtained *in vacuum*, which prevents deterioration by atmospheric influence, as the plant itself rapidly undergoes change. It exercises a particular virtue over various cutaneous affections, particularly those of long standing and dependent on the presence of syphilitic or scrofulous taint. It has been administered with success in cases of leprosy and elephantiasis. M. Cazenave reports that its effects are remarkable aud constant. It causes a considerable augmentation in the secretion of the urine, and an increase in the heat of the skin. When given in excess, it produces copious sweats, a sensation of heaviness, uneasiness, and

giddiness of the head. We believe that little notice has as yet been taken of this new medicine in this country. Mr. Price, however, has been trying its efficacy at the Great Northern Hospital, and also at the Blenheim Free Dispensary, and has found that benefit has certainly followed its use in some instances of obstinate syphilitic eruptions, and in chronic eczemas. The preparations are to be obtained of Messrs. Savory and Moore, of New Bond street.—*Lancet, Oct.*, 1857.

Eczema of the Face in Children.—Dr. Behrend recommends the following application for the crusts which frequently cover the face of children: Cod-liver oil fifteen, and bicarbonate of soda two parts.—*Med. Times and Gaz. from Bull. de Thérup., Sept.* 17.

Effect of Town Life on Mortality.—Dr. Letheby, in his late annual report on the "Sanitary condition of London," states "the mean age at death of adult males in the city, is 51, and of females, 55. In all England it is 60 and 61; so that, in one case, about 9 years is taken from the life-time, and in the other, about 6. And again, if we examine the longevity of adults at other ages, it will be seen that the contrast is equally great. At 45 and upward, the mean age at death of the male citizen is 62, and of the female 65. In all England it is 68 and 69. At the age of 65, a man with us may expect to live to the 72d year, and a woman to the 75th; but in the whole of England the expectancy is to the 76th and 77th. These are the numerical exponents of the strain upon a city life, and they testify of the penalties that are paid to excessive civilization.—*Med. Times and Gaz., Nov.* 7, 1857.

American Quacks in London.—Since the adventure of Dr. Fell, several American quacks have arrived in England, evidently impressed with a belief in our extreme gullibility. We cannot deny that one 'cute Yankee has made a good harvest among our simple ones, but do not think the process will be soon repeated.

"Pudet hæc opprobria nobis
Et dici potuisse et non potuisse reFELLI."

One of these newly-arrived men styles himself Dr. Watson, of

the "Reformed Medical College," United States, and is now distributing a pamphlet, entitled "Remarks on the Rational Treatment of Spermatorrhœa, and its Concomitant Complaints, by means of the American Curative Instrument," price £3 3s. in silver. This precious production is the very type of unblushing impudence, ignorance, and quackery. Persons are cautioned against "applying to country practitioners, who too often not only protract the cure to a longer period than necessary, but not unfrequently damage the constitution of the patient by improper treatment." Such assurance is almost sublime; the wolf cautioning the sheep against their shepherd. All the artifices which the vulpine nature of quackery can suggest are brought into play; garbled extracts falsely applied; the deceptive use of phrases apparently applied to the great and good Dr. Watson; the lie concealed, the lie suggested, and the lie declared. The system is completed by the institution of a "Philanthropic Society of Grateful Patients" of Dr. Watson, cured of "great nervousness, debility, exhaustion of the system, groundless fears, thoughts of melancholy, and directed by Providence (*sic*) to that gentlemen." A "Reverend" H. Williams, in pursuance of the resolutions of the committee, transmits a copy, gratis, to thousands of people through the post—and so the sham is completed. As this abominable quack courts publicity, we accord it to him. He seeks a recognition of his services, and will receive it in the indignation of our readers.—*Lancet, Oct.* 17, 1857.

Two Medical Victims of the Dangers Incident to their Profession.—M. Geoffroy, a highly respected physician of Avignon, in France, formerly mayor of that city, and for many years at the head of the Asylum for the Insane, was lately assassinated by an epileptic inmate of the establishment. The wretched patient was subject to fits of furious mania, but had for some time past been very quiet, and was thought to be in a fair way of recovery. He was a tailor by trade, and busy at work, on the 30th of April last, during M. Geoffroy's presence in the ward. Toward the end of the visit, he requested the doctor to look at his leg, where he stated he was experiencing pain; and while M. Geoffroy was stooping to examine the limb, the man passed his arm round M. Geoffroy's neck, and thrust into the left side of his chest the long scissors used in his trade. He was just going to make a second thrust when he was

secured by the house-surgeon and the steward. The weapon had reached the heart, and M. Geoffroy died in a few moments. The patient had not evinced any dislike for the ill-fated physician, and was most respectful and docile. It is supposed the horrible deed was done while the patient was laboring under a hallucination. The other victim is a medical man named Salle, practicing in Nancy. This gentleman was completing the operation of tracheotomy, which he had undertaken upon a child suffering from putrid sore throat. Dr. Salle, who was only twenty-nine years of age, seeing the trachea quickly filling with blood, put his lips to the wound, and drew by inspiration the fluid ready to choke the child. The next day, the same putrid state of the fauces and the tonsils appeared in M. Salle, and forty-eight hours afterward he died, in spite of the efforts made by his colleagues to save their noble-minded friend's life.

National Association for the Promotion of Social Science.—A new society has been formed, entitled the "National Association for the Promotion of Social Science;" and the first meeting is announced to take place on the 12th of October, at Birmingham, under the presidency of Lord Brougham. The object of this association, in the language of the prospectus, is, "to aid the development of the social sciences, and to guide the public mind to the best practical means of promoting the amendment of the law, the advancement of education, the prevention and repression of crime, the reformation of criminals, the establishment of due sanitary regulations, and the recognition of sound principles in all questions of social economy." The proposed mode of action is, to bring together, once a year, the different societies and individuals who are interested in furthering any of these objects. Among the general committee we observe the names of several distinguished members of the medical profession, and among others, those of Sir James Clark, Sir John Forbes, Dr. Connolly, Dr. Babington, Dr. W. Farr, Sir Charles Hastings, Dr. Southwood Smith, and Mr. Simon; and among the laity who are friends of the profession we find the names of the Right Hon. Mr. Cowper, the Right Hon. Mr. Napier, Mr. Headlam, and Mr. Hawes. In the Department of Public Health, Lord Stanley is President; and the committee comprises the names of some of the most active promoters, both lay and medical, of the objects of sanitory science.—*Dublin Hospital Gazette*, September 15, 1857.

Anecdote of Dr. Radcliffe.—Radcliffe, one of the most eccentric and witty men of his time, lived, at one time, in Bow street, Covent Garden. Between his garden and that of Sir Godfrey Kneller, the King's painter, a door had been made to allow the doctor the pleasure of visiting the rich collection of exotic plants contained in the latter garden. Radcliffe's servants became depredators; Sir Godfrey remonstrated; and the grievance continuing, Sir Godfrey sent his compliments to Dr. Radcliffe, accompanied by a threat to lock the door. The wit answered, that Sir Godfrey might "do with the door as he pleased, *so that he did but refrain from painting it.*" "Did my good friend Dr. Radcliffe say so?" cried Sir Godfrey. "Go back, present my service, and say *that I can take anything from him, but his physic.*"

This anecdote has been immortalized in verse:

"Quoth Kneller, 'I'll certainly stop up that door,
If I ever find it unlocked any more.'
'Your threats,' replied Radcliffe, 'disturb not my ease,
And so you don't *paint* it, e'en do what you please.'"

Sanitary Customs of the Jews.—It is noticeable that in poor neighborhoods, which have been attacked by cholera, fever small-pox, and similar diseases, the Jews living there have in an extraordinary manner escaped visitation. The apparant causes of this sanitary fact are worthy of attention. 1. As regards food, it seems that even the poorest Jews are most particular in the food they eat. In obedience to the law of Moses, they use none of the blood or offal of animals; they are also particular in the choice of fish, and avoid both animals and fowls which are grossly or unwholesomely fed. 2. Intemperance in drink is rare among them; and even the very poor Jews are remarkable for their attention to moral family ties. There are, of course, exceptions, but this general characteristic is certain. 3. Their religion directs them to use great personal cleanliness. Ablutions are made before visting the synagogues, and on other occasions. Their houses are also thoroughly cleaned at certain periods from top to bottom. All the above acts are important to health, and the good effect of attention to them is evident. The rules are so simple, that they might be readily observed by the chief parts of the masses of people in the large towns among whom this ancient race are scattered.—*British Med. Jour., from the Builder.*

Medical Students in London.—It is stated in a recent number of the *Lancet*, (Nov. 7,) that there are fewer students than usual registered this season in the different metropolitan schools. The total number is about 1,050; the number last season was upward of 1,100, In the provincial schools there is a still greater deficiency; and the same is said to be the case in Scotland and Ireland.

Fever in London.—It appears, from the report of the London Fever Hospital for 1856, that the daily average of patients in the hospital throughout the year was about 110, by far the largest number admitted into the hospital in any year since its establishment, fifty-five years ago, exceeding by 300 the admissions in any former year. In regard to the types or forms of the fevers last year, there was nothing remarkable except the extraordinary proportion of typhus to typhoid, as compared with the three preceding years. The experience of the hospital shows that typhus, strictly so called, is the most prevalent form, but this comparative prevalence varies in different years, as well as at different periods of the same year. Thus, in 1856 there were 1,061 cases of typhus against 149 of typhoid (that form characterized by disease of Peyer's glands), being in the ratio of 7.11 to 1, while in the two preceding years (1854 and 1855), the proportion was only about 3 to 2, and in 1853, it was in the ratio of 2 to 1. The greatest disproportion was observed in March and April, in which two months there were 275 cases of typhus and only 16 of typhoid admitted—being in the ratio of 17 of the former to one of the latter. Again, it was observed that the months in which the two forms were most nearly equal were from August to November, the proportion in August being 1.4 of typhus to one of typhoid. Of that form of fever to which the term febricula has been given, characterized by the mildness of the symptoms, the absence of peculiar rash, and of any organic complication, there were 89 examples, all of whom recovered. The numbers admitted with scarlet fever were 183, being a slight increase as compared with the cases received in 1855. It was most prevalent in April and October, the admissions being 31 and 26 respectively. In regard to the acute diseases *not* fevers, they were, as usual acute affections of the various internal organs, with accompanying or symptomatic fever. They consisted of diseases of the brain, inflammation of the lungs, tuberculous affections in various parts, erysip-

elas, and acute and chronic diseases of the kidneys. Of this class, there was a large proportion—217. The mortality last year was 289, being out of the total numbers admitted and under treatment on the 31st of December, 1855 (1882), in the ratio of 15.3 per cent., including, of course, the deaths from fevers as well as from other diseases. Of the cases of typhus under treatment (1,117), the mortality was 204, or about 18 per cent.; of typhoid, it was 24 out of 180, or about 13 per cent. Of the 189 cases of scarlet fever, the deaths were 14, or 7 per cent. Of the other acute diseases, *not* fevers (291), there were 47 deaths, or about 16 per cent. To show the severity of the cases, and, in too many instances, the hopeless condition of the patients when admitted into the Hospital, it may be stated that 152 patients died within a week after admission, and of those 27 did not survive 24 hours. Comparing the mortality of 1856 with that in the preceding year, the proportion of deaths was much smaller. In 1855 the gross mortality was nearly 17 per cent. (last year it was 15); that from typhus 25 per cent. (last year it was 18); from typhoid 13 per cent. (last year it was nearly the same); scarlet fever was also less fatal last year than in 1855, being about 7.4 against 12.7 per cent.; while of the acute diseases not fever, the mortality was about 1 per cent. higher than in 1855. Notwithstanding the large number of patients in the hospital last year, imposing necessarily increased labor on those in attendance on the sick, the nurses and inmates of the establishment have, with a few exceptions, escaped. One of the housemaids was seized with typhus, but she recovered. Three of the nurses were also the subjects of typhus, and they also recovered, as well as another nurse who passed through a mild form of scarlet fever.—*Med. Times and Gaz., July 11th*, 1857.

Extraordinary Fecundity.—It is stated in a recent No. of the *Magazine of Natural History, &c., of Moscow*, that the peasant Kirilow was presented, along with his wife, to the Empress. This peasant was married, for the second time, at the age of 70. His first wife was delivered twenty-one times: four times of four infants at a birth; seven times of three infants, and ten times of twins; in all, fifty-seven children, then alive. The second wife had already been delivered seven times; once of triplets; and six times of twins; in all, fifteen living children.

The Best Monument to Jenner. — A young lady was solicited to contribute towards the Jenner statue. "Nay," she said reverently, "I consider I have already erected a monument to his honor," and she pointed to her beautiful countenance; and true enough, thanks to Jenner's discovery, there could not be discerned upon it the smallest disfigurement by the small-pox. Acting upon this idea, we have to make the following smooth-faced proposition. We beg to suggest that every handsome lady, single or married, or widow, who, having been duly vaccinated, has succeeded in preserving her beauty from the ravages of the above fearful visitation, be requested to take her turn in standing for one hour only in her lifetime on a pedestal in Trafalgar square. We maintain that the exhibition of her face, in its unblemished state of loveliness, would be the handsomest, at the same time the most appropriate statue that could possibly be erected to Jenner; and a statue, too, that would be sure in every age to command the ready homage of all men.—*Punch.*

We copy the following touching lines from the St. Louis *Medical and Surgical Journal.* They are said to have been left on the table of Dr. C. A. Pope, by a patient who was about departing for Niagara, "where the water runs down hill, with nothing on earth to hinder":

"When sorrow's cloud is cast athwart
  The sunshine of my mind,
When I, with gloomy care distraught,
  No recreation find;
When sighing o'er my hapless lot,
  And what I used to be—
I'll seek some quiet, tranquil spot,
  And pass a small bougie.

Let strictures on my conduct pass;
  Unnoticed let them be;
A stricture somewhere else, alas!
  Is more deplored by me.
In hope that blight on manhood's bloom
  I yet effaced shall see;
I'll hie me to my quiet room,
  And pass a small bougie."

Scott's Ointment in Indurated Testicle.—We have seen Mr. Coulson, at St. Mary's Hospital, treat indurated testicle by applying Scott's ointment on lint next the scrotum, then a piece of flannel and oil silk, with a good suspensory bandage. The patient is thus enabled to go about, and a cure is effected within a short time. Scott's ointment is the ceratum hydrargyri compositum of the London Pharmacopœia, and consists of the stronger ointment of mercury, soap cerate and camphor. Mr. Coulson is at this moment treating a case of chronic induration of the breast of a woman, from inflammation, with the same ointment and pressure as recommended by Scott in his work in 1828.

We noticed a case of adenitis of the right groin in a boy, which was brought on by a strain, and which, after attaining the size of a fist, suppurated, leaving an ulcer with the gland projecting from its bottom. The strain occurred seven weeks ago. The enlarged gland was freely covered with red precipitate on five different occasions, with the effect of already nearly destroying the whole of it, without any bad effect to the patient.—*London Lancet.*

New Food for Bees.—Two agriculturists of the Department of the Var observed one day, in the month of May last, that all their bees had left their hives, although the latter were filled and exceedingly heavy. Towards evening the fugitives returned heavily laden, but on the following morning set out again in a direction which was this time carefully noted by the farmers, who had been watching their doings. They immediately followed them, and soon arrived at a farm where cakes of tilseed, which had been previously subjected to the oil press, were being beaten up into a paste with water, to be used as manure for potatos. There, to their surprise, they saw their bees clustering round the tubs containing the paste, evidently enjoying a luxury hitherto unknown to them. The lesson was not lost upon the agriculturists, who immediately procured their bees abundance of this food, and have now been rewarded with nearly ten times the usual quantity of produce, besides an immense increase in the reproduction of the insect.—*British Medical Journal* Sept. 26, 1857.

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influence of those objectionable principles, but can be given in large quantities with safety, inasmuch as their proportions in opium and its several preparations containing them, are so great that by the time a sufficient quantity is taken for the anodyne and antispasmodic properties to allay and overpower the pain and spasmodic action in some of their most violent attacks, the poisonous influence of the objectionable elements will preponderate, and produce narcotism, stupor, and apoplectic death; and the patient dies the victim of the poisonous effects of the intended remedy, before the valuable properties can give the desired relief.

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